

**Fill in this information to identify your case:**

United States Bankruptcy Court for the:

EASTERN DISTRICT OF NORTH CAROLINA

Case number (if known) \_\_\_\_\_

Chapter you are filing under:

☐ Chapter 7☐ Chapter 11☐ Chapter 12☒ Chapter 13☐ Check if this an amended filing

## Official Form 101

**Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Identify Yourself****About Debtor 1:****About Debtor 2 (Spouse Only in a Joint Case):****1. Your full name**

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

**Alisa**

First name

**D**

Middle name

**Copeland**

Last name and Suffix (Sr., Jr., II, III)

First name

Middle name

Last name and Suffix (Sr., Jr., II, III)

**2. All other names you have used in the last 8 years**

Include your married or maiden names.

**3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)****xxx-xx-9056**

Debtor 1 Alisa D Copeland

Case number (if known) \_\_\_\_\_

**About Debtor 1:****About Debtor 2 (Spouse Only in a Joint Case):****4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**☒ I have not used any business name or EINs.☐ I have not used any business name or EINs.Include trade names and *doing business as* names

Business name(s) \_\_\_\_\_

Business name(s) \_\_\_\_\_

EINs \_\_\_\_\_

EINs \_\_\_\_\_

**5. Where you live****2565 Bell Williams Road  
Burgaw, NC 28425**

Number, Street, City, State &amp; ZIP Code

**Pender**

County

**If your mailing address is different from the one above, fill it in here.** Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State &amp; ZIP Code

**If Debtor 2 lives at a different address:**

Number, Street, City, State &amp; ZIP Code

County

**If Debtor 2's mailing address is different from yours, fill it in here.** Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State &amp; ZIP Code

**6. Why you are choosing this district to file for bankruptcy**

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.☐ I have another reason.  
Explain. (See 28 U.S.C. § 1408.)

Check one:

☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.☐ I have another reason.  
Explain. (See 28 U.S.C. § 1408.)

Debtor 1 Alisa D Copeland

Case number (if known) \_\_\_\_\_

**Part 2: Tell the Court About Your Bankruptcy Case**

7. **The chapter of the Bankruptcy Code you are choosing to file under** *Check one.* (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)*). Also, go to the top of page 1 and check the appropriate box.
- ☐ Chapter 7
- ☐ Chapter 11
- ☐ Chapter 12
- ☒ Chapter 13
- 
8. **How you will pay the fee** ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.
- 
9. **Have you filed for bankruptcy within the last 8 years?**
- ☐ No.
- ☒ Yes.
- |          |   |      |                |             |                       |
|----------|---|------|----------------|-------------|-----------------------|
| District | <u>EDNC</u>                               | When | <u>3/17/15</u> | Case number | <u>15-01475-5-SWH</u> |
|          | <u>Eastern District of North Carolina</u> |      |                |             |                       |
| District |   | When | <u>2/13/13</u> | Case number | <u>13-00924-8-SWH</u> |
| District |   | When |                | Case number |                       |
- 
10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**
- ☒ No
- ☐ Yes.
- |          |  |                     |  |                       |  |
|----------|--|---------------------|--|-----------------------|--|
| Debtor   |  | Relationship to you |  |                       |  |
| District |  | When                |  | Case number, if known |  |
| Debtor   |  | Relationship to you |  |                       |  |
| District |  | When                |  | Case number, if known |  |
- 
11. **Do you rent your residence?**
- ☒ No. Go to line 12.
- ☐ Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?
- ☐ No. Go to line 12.
- ☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Debtor 1 **Alisa D Copeland**

Case number (if known)

**Part 3: Report About Any Businesses You Own as a Sole Proprietor****12. Are you a sole proprietor of any full- or part-time business?**☒ No. Go to Part 4.☐ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number, Street, City, State &amp; ZIP Code

Check the appropriate box to describe your business:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?**

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

☒ No. I am not filing under Chapter 11.☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention****14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**☒ No.☐ Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Where is the property?

Number, Street, City, State &amp; Zip Code

Debtor 1 **Alisa D Copeland**

Case number (if known)

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling****15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:***You must check one:*

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

- ☐ **Incapacity.**  
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
- ☐ **Disability.**  
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
- ☐ **Active duty.**  
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):***You must check one:*

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

- ☐ **Incapacity.**  
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
- ☐ **Disability.**  
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
- ☐ **Active duty.**  
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **Alisa D Copeland**

Case number (if known)

**Part 6: Answer These Questions for Reporting Purposes**

16. What kind of debts do you have?	16a.	<b>Are your debts primarily consumer debts?</b> <i>Consumer debts</i> are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> No. Go to line 16b. <input checked="" type="checkbox"/> Yes. Go to line 17.
	16b.	<b>Are your debts primarily business debts?</b> <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. <input type="checkbox"/> No. Go to line 16c. <input type="checkbox"/> Yes. Go to line 17.
	16c.	State the type of debts you owe that are not consumer debts or business debts  

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17. Are you filing under Chapter 7?	<input checked="" type="checkbox"/> No.	I am not filing under Chapter 7. Go to line 18.
Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	<input type="checkbox"/> Yes.	I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? <input type="checkbox"/> No <input type="checkbox"/> Yes

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18. How many Creditors do you estimate that you owe?	<input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5001-10,000 <input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000
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19. How much do you estimate your assets to be worth?	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
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20. How much do you estimate your liabilities to be?	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
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Debtor 1 **Alisa D Copeland**

Case number (if known)

**Part 7: Sign Below****For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**/s/ Alisa D Copeland**

**Alisa D Copeland**

Signature of Debtor 1

Signature of Debtor 2

Executed on **September 1, 2016**

MM / DD / YYYY

Executed on

MM / DD / YYYY

Debtor 1 Alisa D Copeland

Case number (if known) \_\_\_\_\_

**For your attorney, if you are represented by one**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

**If you are not represented by an attorney, you do not need to file this page.**

/s/ Robert J. Anderson

Signature of Attorney for Debtor

Date

September 1, 2016

MM / DD / YYYY

Robert J. Anderson

Printed name

Gillespie & Murphy PA

Firm name

P.O. Drawer 888New Bern, NC 28563

Number, Street, City, State &amp; ZIP Code

Contact phone (252) 636-2225

Email address

gmpa@lawyersforchrist.com37992

Bar number &amp; State



## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

**You are an individual filing for bankruptcy,**  
and

**Your debts are primarily consumer debts.**  
*Consumer debts* are defined in 11 U.S.C.  
§ 101(8) as "incurred by an individual  
primarily for a personal, family, or  
household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under  
one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan  
for family farmers or  
fishermen

Chapter 13 - Voluntary repayment plan  
for individuals with regular  
income

**You should have an attorney review your  
decision to file for bankruptcy and the choice of  
chapter.**

### Chapter 7: Liquidation

\$245	filing fee
\$75	administrative fee
<u>+ \$15</u>	<u>trustee surcharge</u>
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form—the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form—sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

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## Chapter 11: Reorganization

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	\$1,167	filing fee
+	\$550	administrative fee
	\$1,717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

**Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

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**Chapter 12: Repayment plan for family farmers or fishermen**


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	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

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**Chapter 13: Repayment plan for individuals with regular income**


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	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

**Warning: File Your Forms on Time**

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:  
[http://www.uscourts.gov/bkforms/bankruptcy\\_forms.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure).

**Bankruptcy crimes have serious consequences**

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

**Make sure the court has your mailing address**

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

**Understand which services you could receive from credit counseling agencies**

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:  
[http://justice.gov/ust/eo/hapcpa/ccde/cc\\_approved.html](http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html)

In Alabama and North Carolina, go to:  
<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

## Fill in this information to identify your case:

Debtor 1 Alisa D Copeland

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: Eastern District of North Carolina

Case number \_\_\_\_\_  
(if known)

## Check as directed in lines 17 and 21:

According to the calculations required by this Statement:

- ☒ 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
- ☐ 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
- ☒ 3. The commitment period is 3 years.
- ☐ 4. The commitment period is 5 years.

☐ Check if this is an amended filing

## Official Form 122C-1

## Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

## Part 1: Calculate Your Average Monthly Income

## 1. What is your marital and filing status? Check one only.

☐ Not married. Fill out Column A, lines 2-11.

☒ Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ 2,687.00	\$ 0.00
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ 0.00	\$ 0.00
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ 0.00	\$ 0.00
5. Net income from operating a business, profession, or farm	Debtor 1	
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from a business, profession, or farm	\$ 0.00	\$ 0.00
6. Net income from rental and other real property	Debtor 1	
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from rental or other real property	\$ 0.00	\$ 0.00

Debtor 1 **Alisa D Copeland**

Case number (if known)

Column A Debtor 1	Column B Debtor 2 or non-filing spouse
\$ <b>0.00</b>	\$ <b>0.00</b>
\$ <b>0.00</b>	\$ <b>0.00</b>

7. **Interest, dividends, and royalties**8. **Unemployment compensation**

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:

For you .....\$ **0.00**For your spouse .....\$ **0.00**9. **Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act.\$ **0.00** \$ **0.00**10. **Income from all other sources not listed above.** Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.**Contribution from Household Member**\$ **200.00** \$ **0.00**\$ **0.00** \$ **0.00**

Total amounts from separate pages, if any.

+ \$ **0.00** \$ **0.00**11. **Calculate your total average monthly income.** Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ <b>2,887.00</b>	+	\$ <b>0.00</b>	=	\$ <b>2,887.00</b>
Total average monthly income				

**Part 2: Determine How to Measure Your Deductions from Income**12. **Copy your total average monthly income from line 11.**\$ **2,887.00**13. **Calculate the marital adjustment.** Check one:☐ You are not married. Fill in 0 below.☐ You are married and your spouse is filing with you. Fill in 0 below.☒ You are married and your spouse is not filing with you.

Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.

Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.

If this adjustment does not apply, enter 0 below.

.....\$  
 .....\$  
 .....+\$

Total .....

\$ <b>0.00</b>	Copy here=>	-	<b>0.00</b>
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14. **Your current monthly income.** Subtract line 13 from line 12.\$ **2,887.00**15. **Calculate your current monthly income for the year.** Follow these steps:

15a. Copy line 14 here=&gt; .....

\$ **2,887.00**

Multiply line 15a by 12 (the number of months in a year).

x 12

15b. The result is your current monthly income for the year for this part of the form. ....

\$ **34,644.00**

Debtor 1 **Alisa D Copeland**

Case number (if known)

**16. Calculate the median family income that applies to you.** Follow these steps:

16a. Fill in the state in which you live.

**NC**

16b. Fill in the number of people in your household.

**4**

16c. Fill in the median family income for your state and size of household.

\$ **69,810.00**

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

**17. How do the lines compare?**17a. ☒ Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, *Disposable income is not determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3.** Do NOT fill out *Calculation of Your Disposable Income* (Official Form 122C-2).17b. ☐ Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, *Disposable income is determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2).** On line 39 of that form, copy your current monthly income from line 14 above.**Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)**18. **Copy your total average monthly income from line 11 .** \$ **2,887.00**19. **Deduct the marital adjustment if it applies.** If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.

19a. If the marital adjustment does not apply, fill in 0 on line 19a.

-\$ **0.00**19b. **Subtract line 19a from line 18.**\$ **2,887.00****20. Calculate your current monthly income for the year.** Follow these steps:

20a. Copy line 19b

\$ **2,887.00**

Multiply by 12 (the number of months in a year).

**x 12**

20b. The result is your current monthly income for the year for this part of the form

\$ **34,644.00**

20c. Copy the median family income for your state and size of household from line 16c

\$ **69,810.00****21. How do the lines compare?**☒ Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years*. Go to Part 4.☐ Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years*. Go to Part 4.

Debtor 1 **Alisa D Copeland**

Case number (if known)

**Part 4: Sign Below**

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

**X /s/ Alisa D Copeland**

**Alisa D Copeland**

Signature of Debtor 1

Date **September 1, 2016**

MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.



Debtor 1 **Alisa D Copeland**

Case number (if known)

**Current Monthly Income Details for the Debtor****Debtor Income Details:**Income for the Period **03/01/2016** to **08/31/2016**.**Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions**Source of Income: **New Hanover County Schools**

Income by Month:

6 Months Ago:	<u>03/2016</u>	<u>\$2,687.00</u>
5 Months Ago:	<u>04/2016</u>	<u>\$2,687.00</u>
4 Months Ago:	<u>05/2016</u>	<u>\$2,687.00</u>
3 Months Ago:	<u>06/2016</u>	<u>\$2,687.00</u>
2 Months Ago:	<u>07/2016</u>	<u>\$2,687.00</u>
Last Month:	<u>08/2016</u>	<u>\$2,687.00</u>
Average per month:		<u>\$2,687.00</u>

**Line 10 - Income from all other sources**Source of Income: **Contribution from Household Member**Constant income of **\$200.00** per month.

**Fill in this information to identify your case:**

Debtor 1	<b>Alisa D Copeland</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF NORTH CAROLINA		
Case number (if known)			

☐ Check if this is an amended filing
**Official Form 107****Statement of Financial Affairs for Individuals Filing for Bankruptcy**

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Give Details About Your Marital Status and Where You Lived Before****1. What is your current marital status?**

- ☒ Married  
☐ Not married

**2. During the last 3 years, have you lived anywhere other than where you live now?**

- ☒ No  
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

Dates Debtor 1  
lived there

Debtor 2 Prior Address:

Dates Debtor 2  
lived there**3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

- ☒ No  
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

**Part 2 Explain the Sources of Your Income****4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.  
 If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No  
☒ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
<b>2015 YTD: Wife New Hanover County School</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$8,061.00</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	
<b>2014: Wife New Hanover County School</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$26,883.40</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	

Debtor 1 **Alisa D Copeland**

Case number (if known)

Debtor 1		Debtor 2	
Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
<b>2013: Wife Pender County School</b> <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$26,883.40</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☐ No  
☒ Yes. Fill in the details.

	Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of income Describe below.	Gross income (before deductions and exclusions)
<b>2015</b>	<b>Contribution From Household Member</b>	<b>\$600.00</b>		
<b>2014</b>	<b>Contribution from Household Member</b>	<b>\$2,400.00</b>		
<b>2013</b>	<b>Contribution from Household Member</b>	<b>\$2,400.00</b>		

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy****6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

- ☐ No. Go to line 7.  
☐ Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☒ No. Go to line 7.  
☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
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Debtor 1 **Alisa D Copeland**

Case number (if known)

**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

*Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.*

☒ No☐ Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

*Include payments on debts guaranteed or cosigned by an insider.*

☒ No☐ Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
----------------------------	------------------	-------------------	----------------------	--

**Part 4: Identify Legal Actions, Repossessions, and Foreclosures****9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

*List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.*

☐ No☒ Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
Coastal Federal Credit Union vs. Alisa Murray aka Alisa Copeland; 12 CVD 2707	Civil Matter	New Hanover County District Court, NC	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
			Judgment entered 09-12-2012

**10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**

*Check all that apply and fill in the details below.*

☒ No. Go to line 11.☐ Yes. Fill in the information below.

Creditor Name and Address	Describe the Property Explain what happened	Date	Value of the property
---------------------------	--	------	-----------------------

**11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?**☒ No☐ Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
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**12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?**☒ No☐ Yes

Debtor 1 Alisa D Copeland

Case number (if known) \_\_\_\_\_

**Part 5: List Certain Gifts and Contributions**

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

☒ No☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person

Describe the gifts

Dates you gave the gifts

Value

Person to Whom You Gave the Gift and Address:

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

☒ No☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600

Describe what you contributed

Dates you contributed

Value

Charity's Name

Address (Number, Street, City, State and ZIP Code)

**Part 6: List Certain Losses**

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

☒ No☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred

Describe any insurance coverage for the loss

Include the amount that insurance has paid. List pending insurance claims on line 33 of *Schedule A/B: Property*.

Date of your loss

Value of property lost

**Part 7: List Certain Payments or Transfers**

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☐ No☒ Yes. Fill in the details.

Person Who Was Paid

Address

Email or website address

Person Who Made the Payment, if Not You

Description and value of any property transferred

Date payment or transfer was made

Amount of payment

Gillespie &amp; Murphy, PA

Attn Managing Agent

PO Drawer 888

New Bern, NC 28563

\$400.00 Attorney Fees

\$400.00 for Motion to Extend Stay

\$310.00 Filing Fees

\$23.00 Credit Report

\$34.00 Credit Counseling

2/25/2015

\$400.00

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

☒ No☐ Yes. Fill in the details.

Person Who Was Paid

Address

Description and value of any property transferred

Date payment or transfer was made

Amount of payment

Debtor 1 **Alisa D Copeland**

Case number (if known)

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  
Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

☒ No☐ Yes. Fill in the details.

Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person's relationship to you			

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

☒ No☐ Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
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**Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?  
Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

☐ No☒ Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
WoodForst National Bank Attention: Managing Agent 1114 New Pointe Blvd Leland, NC 28451	XXXX-6080	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other___	2015	\$0.00
WoodForst National Bank Attention: Managing Agent 1114 New Pointe Blvd Leland, NC 28451	XXXX-5969	<input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other___	2015	\$0.00

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

☒ No☐ Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
---	---	-----------------------	--------------------------

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

☒ No☐ Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
--	---	-----------------------	--------------------------

Debtor 1 **Alisa D Copeland**

Case number (if known)

**Part 9: Identify Property You Hold or Control for Someone Else**

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☐ No  
☐ Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
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**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- ☐ **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- ☐ **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- ☐ **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☐ No  
☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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25. Have you notified any governmental unit of any release of hazardous material?

- ☐ No  
☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☐ No  
☐ Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
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**Part 11: Give Details About Your Business or Connections to Any Business**

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
- ☐ A partner in a partnership
- ☐ An officer, director, or managing executive of a corporation
- ☐ An owner of at least 5% of the voting or equity securities of a corporation

Debtor 1 **Alisa D Copeland**Case number *(if known)*

☒ **No. None of the above applies. Go to Part 12.**

☐ **Yes. Check all that apply above and fill in the details below for each business.**

**Business Name****Address**

(Number, Street, City, State and ZIP Code)

**Describe the nature of the business****Name of accountant or bookkeeper****Employer Identification number****Do not include Social Security number or ITIN.****Dates business existed**

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

☒ **No**

☐ **Yes. Fill in the details below.**

**Name****Address**

(Number, Street, City, State and ZIP Code)

**Date Issued**



Debtor 1 Alisa D Copeland

Case number (if known) \_\_\_\_\_

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Alisa D CopelandAlisa D Copeland  
Signature of Debtor 1\_\_\_\_\_  
Signature of Debtor 2Date September 1, 2016

Date \_\_\_\_\_

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?☒ No☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No☐ Yes. Name of Person \_\_\_\_\_. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

**Fill in this information to identify your case and this filing:**

Debtor 1	<b>Alisa D Copeland</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>EASTERN DISTRICT OF NORTH CAROLINA</u>			
Case number _____			

☐ Check if this is an amended filing

## Official Form 106A/B

### Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In****1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?**

- ☐ No. Go to Part 2.
- ☒ Yes. Where is the property?

1.1

**2565 Bell Williams Road**

Street address, if available, or other description

<b>Burgaw</b>	<b>NC</b>	<b>28425-0000</b>
City	State	ZIP Code

**Pender**

County

**What is the property?** Check all that apply

- ☒ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☒ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other \_\_\_\_\_

**Who has an interest in the property?** Check one

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>
<b>\$92,106.00</b>	<b>\$92,106.00</b>

**Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.**

**Fee simple**

☐ Check if this is community property (see instructions)

**Other information you wish to add about this item, such as local property identification number:**

**House & lot at 2565 Bell Williams Rd., Burgaw, NC 28425, Pender County**  
**FMV: \$92,106.00 (Appraised value \$99,106.00 Repair Costs estimated at \$7,000.00 dated 02/05/15)**  
**Purchased: 11/18/1998**  
**Price: \$ 71,200.00**  
**TV: \$104,835.00**  
**Ownership: Debtor**  
**Monthly Contractual Payment (P/I/E): \$ 582.00**  
**Due: 1st of each month**

Debtor 1 **Alisa D Copeland**

Case number (if known)

**If you own or have more than one, list here:**

1.2

Street address, if available, or other description

City

State

ZIP Code

County

**What is the property?** Check all that apply

- ☐ Single-family home  
☐ Duplex or multi-unit building  
☐ Condominium or cooperative  
☐ Manufactured or mobile home  
☐ Land  
☐ Investment property  
☐ Timeshare  
☐ Other \_\_\_\_\_

**Who has an interest in the property?** Check one

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☒ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

**\$4,500.00**

Current value of the portion you own?

**\$1,125.00**

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

**Fee simple**☐ Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number:

**.5 acres with FEMA Trailer****FMV: \$4500.00 (TV \$5,000.00 - 10% liquidation cost)****Purchased: 2003****Price: \$1,500.00****TV: \$5,000.00****Ownership: Debtor has a 25% share of property****Parcel ID: 2268-80-0385-0000****Located: FEMA Trailer and Lot 59 loop Road Burgaw NC 28425 (Trailer belongs to FEMA)**

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

**\$93,231.00****Part 2: Describe Your Vehicles**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

## 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

☐ No☒ Yes3.1 Make: **Chevrolet**Model: **Tahoe**Year: **2007**Approximate mileage: **250,000**

Other information:

**VIN: 1GNFC13C37R345095****FMV: \$ 10,700.00 less 10% = \$9,630.00****Purchased: 05/2011****Price: \$26,000.00**

**Ownership: Debtor & Non-Filing Co-Borrower**  
**Vehicle is subject to a charge off in the amount of \$15,724.23 to Wells Fargo Financial**

**Who has an interest in the property?** Check one

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☒ At least one of the debtors and another

☐ Check if this is community property (see instructions)Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

**\$9,630.00**

Current value of the portion you own?

**\$4,815.00**

Debtor 1 **Alisa D Copeland**

Case number (if known)

**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories***Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories*☒ No☐ Yes**5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>****\$4,815.00****Part 3: Describe Your Personal and Household Items****Do you own or have any legal or equitable interest in any of the following items?****Current value of the portion you own?**  
Do not deduct secured claims or exemptions.**6. Household goods and furnishings***Examples: Major appliances, furniture, linens, china, kitchenware*☐ No☒ Yes. Describe.....

Living Room Furniture

\$75.00

Bedroom Furniture

\$200.00

Small Kitchen Appliances

\$25.00

Stove

\$75.00

Refrigerator

\$50.00

Freezer

\$50.00

Microwave

\$15.00

Dishwasher

\$20.00

Washing Machine &amp; Dryer

\$75.00

China &amp; Dishes

\$20.00

Silverware

\$10.00

Dining Room Furniture

\$75.00

CD's

\$10.00

Books &amp; Encyclopedia's

\$10.00

Debtor 1 Alisa D Copeland

Case number (if known) \_\_\_\_\_

**Office Equipment (Desk, Chair)****\$25.00****Any and all miscellaneous household goods and personal items.****\$3,985.00****7. Electronics***Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games☐ No☒ Yes. Describe.....**Televisions****\$100.00****Stereo/Radio****\$40.00****VCR/DVD****\$20.00****Printer****\$20.00****Laptop****\$100.00****8. Collectibles of value***Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles☒ No☐ Yes. Describe.....**9. Equipment for sports and hobbies***Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments☐ No☒ Yes. Describe.....

The Debtor(s) is/(are) not presently aware of any pre-petition claims or other unliquidated debts to which s/he/they might be entitled. If the Debtor(s) learn(s) that s/he/they may be entitled to recover any unliquidated claims or debts which arose pre-petition, s/he/they reserve(s) the right to amend these schedules to disclose and exempt such pre-petition claims and unliquidated debts within the dollar limits allowed under applicable exemptions. Such claims include but are not limited to claims for TILA or lender liability, for products or lender liability, for medical malpractice, for violation of either the Fair Debt Collections Practices or Fair Credit Reporting Acts, etc.

**\$0.00****10. Firearms***Examples:* Pistols, rifles, shotguns, ammunition, and related equipment☒ No☐ Yes. Describe.....**11. Clothes***Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories☒ No☐ Yes. Describe.....

Debtor 1 **Alisa D Copeland**

Case number (if known)

**12. Jewelry***Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver☒ No☐ Yes. Describe.....**13. Non-farm animals***Examples:* Dogs, cats, birds, horses☒ No☐ Yes. Describe.....**14. Any other personal and household items you did not already list, including any health aids you did not list**☒ No☐ Yes. Give specific information.....**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here .....****\$5,000.00****Part 4: Describe Your Financial Assets****Do you own or have any legal or equitable interest in any of the following?****Current value of the portion you own?**  
Do not deduct secured claims or exemptions.**16. Cash***Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition☐ No☒ Yes.....**Cash on hand****\$28.00****17. Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.☐ No☒ Yes.....

Institution name:

17.1.

**SECU Checking Acct #9802****\$195.31**

17.2.

**SECU Share Acct # 9718****\$25.00****18. Bonds, mutual funds, or publicly traded stocks***Examples:* Bond funds, investment accounts with brokerage firms, money market accounts☒ No☐ Yes.....

Institution or issuer name:

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**☒ No☐ Yes. Give specific information about them.....

Name of entity:

% of ownership:

**20. Government and corporate bonds and other negotiable and non-negotiable instruments***Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.☒ No☐ Yes. Give specific information about them

Issuer name:

Debtor 1 Alisa D Copeland

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**21. Retirement or pension accounts***Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans*☐ No☒ Yes. List each account separately.

Type of account:

Institution name:

North Carolina State Retirement Plan\$23,088.69**22. Security deposits and prepayments***Your share of all unused deposits you have made so that you may continue service or use from a company**Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others*☒ No☐ Yes. ....

Institution name or individual:

**23. Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)☒ No☐ Yes..... Issuer name and description.**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.***26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).*☒ No☐ Yes..... Institution name and description. Separately file the records of any interests. *11 U.S.C. § 521(c):***25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**☒ No☐ Yes. Give specific information about them...**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property***Examples: Internet domain names, websites, proceeds from royalties and licensing agreements*☒ No☐ Yes. Give specific information about them...**27. Licenses, franchises, and other general intangibles***Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses*☒ No☐ Yes. Give specific information about them...**Money or property owed to you?****Current value of the portion you own?**  
Do not deduct secured claims or exemptions.**28. Tax refunds owed to you**☒ No☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....**29. Family support***Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement*☒ No☐ Yes. Give specific information.....**30. Other amounts someone owes you***Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else*☐ No☒ Yes. Give specific information..

Debtor 1 Alisa D Copeland

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The Debtor(s) is/(are) not presently aware of any liquidated debts owed to him (her/them), including tax refunds. If the Debtor(s) later learn(s) that s/he/they may be entitled to collect any such liquidated debts, s/he/they reserve(s) the right to amend these schedules to disclose and exempt such liquidated debts within the dollar limits allowed under applicable exemptions.

**\$0.00****31. Interests in insurance policies***Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance*☒ No☐ Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund  
value:**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No☐ Yes. Give specific information..**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment***Examples: Accidents, employment disputes, insurance claims, or rights to sue*☒ No☐ Yes. Describe each claim.....**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**☐ No☒ Yes. Describe each claim.....

The Debtor(s) is/(are) not presently aware of any pre-petition claims or other unliquidated debts to which s/he/they might be entitled. If the Debtor(s) learn(s) that s/he/they may be entitled to recover any unliquidated claims or debts which arose pre-petition, s/he/they reserve(s) the right to amend these schedules to disclose and exempt such pre-petition claims and unliquidated debts within the dollar limits allowed under applicable exemptions. Such claims include but are not limited to claims for TILA or lender liability, for products or lender liability, for medical malpractice, for violation of either the Fair Debt Collections Practices or Fair Credit Reporting Acts, etc.

**\$0.00****35. Any financial assets you did not already list**☒ No☐ Yes. Give specific information..**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....****\$23,337.00****Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?**☒ No. Go to Part 6.☐ Yes. Go to line 38.



Debtor 1 **Alisa D Copeland**

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**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

- ☐ No. Go to Part 7.
- ☐ Yes. Go to line 47.

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

53. Do you have other property of any kind you did not already list?

*Examples: Season tickets, country club membership*

- ☐ No
- ☒ Yes. Give specific information.....

Any/all property specifically listed on Schedules A or B, including any tax refund or economic stimulus rebates.

**\$0.00**

54. Add the dollar value of all of your entries from Part 7. Write that number here .....

**\$0.00****Part 8: List the Totals of Each Part of this Form**

55. Part 1: Total real estate, line 2 .....		<b>\$93,231.00</b>
56. Part 2: Total vehicles, line 5	<b>\$4,815.00</b>	
57. Part 3: Total personal and household items, line 15	<b>\$5,000.00</b>	
58. Part 4: Total financial assets, line 36	<b>\$23,337.00</b>	
59. Part 5: Total business-related property, line 45	<b>\$0.00</b>	
60. Part 6: Total farm- and fishing-related property, line 52	<b>\$0.00</b>	
61. Part 7: Total other property not listed, line 54	<b>\$0.00</b>	
	<b>+</b>	
62. Total personal property. Add lines 56 through 61...	<b>\$33,152.00</b>	Copy personal property total <b>\$33,152.00</b>
63. Total of all property on Schedule A/B. Add line 55 + line 62		<b>\$126,383.00</b>

**Fill in this information to identify your case:**

Debtor 1	<b>Alisa D Copeland</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF NORTH CAROLINA		
Case number (if known)			

☐ Check if this is an amended filing
**Official Form 106C****Schedule C: The Property You Claim as Exempt**

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

**Part 1: Identify the Property You Claim as Exempt**

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own <small>Copy the value from <i>Schedule A/B</i></small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
2565 Bell Williams Road Burgaw, NC 28425 Pender County House & lot at 2565 Bell Williams Rd., Burgaw, NC 28425, Pender County FMV: \$92,106.00 (Appraised value \$99,106.00 Repair Costs estimated at \$7,000.00 dated 02/05/15) Purchased: 11/18/1998 Pric Line from <i>Schedule A/B</i> : 1.1	\$92,106.00	<input checked="" type="checkbox"/> \$33,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	N.C. Gen. Stat. § 1C-1601(a)(1)
.5 acres with FEMA Trailer FMV: \$4500.00 (TV \$5,000.00 - 10% liquidation cost) Purchased: 2003 Price: \$1,500.00 TV: \$5,000.00 Ownership: Debtor has a 25% share of property Parcel ID: 2268-80-0385-0000 Located: FEMA Trailer and Lot 59 loop Road Bu Line from <i>Schedule A/B</i> : 1.2	\$1,125.00	<input checked="" type="checkbox"/> \$2,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	N.C. Gen. Stat. § 1C-1601(a)(2)

Debtor 1 **Alisa D Copeland**

Case number (if known)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
<b>2007 Chevrolet Tahoe 250,000 miles</b> <b>VIN: 1GNFC13C37R345095</b> <b>FMV: \$ 10,700.00 less 10% = \$9,630.00</b> <b>Purchased: 05/2011</b> <b>Price: \$26,000.00</b>  <b>Ownership: Debtor &amp; Non-Filing Co-Borrower</b> <b>Vehicle is subject to a charge off in the amount of \$15,724.23 to Wells</b> Line from Schedule A/B: 3.1	<b>\$4,815.00</b>	<input checked="" type="checkbox"/> <b>\$3,500.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>N.C. Gen. Stat. § 1C-1601(a)(3)</b>
<b>Living Room Furniture</b> Line from Schedule A/B: 6.1	<b>\$75.00</b>	<input checked="" type="checkbox"/> <b>\$75.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>N.C. Gen. Stat. § 1C-1601(a)(4)</b>
<b>Bedroom Furniture</b> Line from Schedule A/B: 6.2	<b>\$200.00</b>	<input checked="" type="checkbox"/> <b>\$200.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>N.C. Gen. Stat. § 1C-1601(a)(4)</b>
<b>Small Kitchen Appliances</b> Line from Schedule A/B: 6.3	<b>\$25.00</b>	<input checked="" type="checkbox"/> <b>\$25.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>N.C. Gen. Stat. § 1C-1601(a)(4)</b>
<b>Stove</b> Line from Schedule A/B: 6.4	<b>\$75.00</b>	<input checked="" type="checkbox"/> <b>\$75.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>N.C. Gen. Stat. § 1C-1601(a)(4)</b>
<b>Refrigerator</b> Line from Schedule A/B: 6.5	<b>\$50.00</b>	<input checked="" type="checkbox"/> <b>\$50.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>N.C. Gen. Stat. § 1C-1601(a)(4)</b>
<b>Freezer</b> Line from Schedule A/B: 6.6	<b>\$50.00</b>	<input checked="" type="checkbox"/> <b>\$50.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>N.C. Gen. Stat. § 1C-1601(a)(4)</b>
<b>Microwave</b> Line from Schedule A/B: 6.7	<b>\$15.00</b>	<input checked="" type="checkbox"/> <b>\$15.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>N.C. Gen. Stat. § 1C-1601(a)(4)</b>
<b>Dishwasher</b> Line from Schedule A/B: 6.8	<b>\$20.00</b>	<input checked="" type="checkbox"/> <b>\$20.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>N.C. Gen. Stat. § 1C-1601(a)(4)</b>
<b>Washing Machine &amp; Dryer</b> Line from Schedule A/B: 6.9	<b>\$75.00</b>	<input checked="" type="checkbox"/> <b>\$75.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>N.C. Gen. Stat. § 1C-1601(a)(4)</b>

Debtor 1 **Alisa D Copeland**

Case number (if known)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
<b>China &amp; Dishes</b> Line from Schedule A/B: <b>6.10</b>	<b>\$20.00</b>	<input checked="" type="checkbox"/> <b>\$20.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>N.C. Gen. Stat. § 1C-1601(a)(4)</b>
<b>Silverware</b> Line from Schedule A/B: <b>6.11</b>	<b>\$10.00</b>	<input checked="" type="checkbox"/> <b>\$10.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>N.C. Gen. Stat. § 1C-1601(a)(4)</b>
<b>Dining Room Furniture</b> Line from Schedule A/B: <b>6.12</b>	<b>\$75.00</b>	<input checked="" type="checkbox"/> <b>\$75.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>N.C. Gen. Stat. § 1C-1601(a)(4)</b>
<b>CD's</b> Line from Schedule A/B: <b>6.13</b>	<b>\$10.00</b>	<input checked="" type="checkbox"/> <b>\$10.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>N.C. Gen. Stat. § 1C-1601(a)(4)</b>
<b>Books &amp; Encyclopedia's</b> Line from Schedule A/B: <b>6.14</b>	<b>\$10.00</b>	<input checked="" type="checkbox"/> <b>\$10.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>N.C. Gen. Stat. § 1C-1601(a)(4)</b>
<b>Office Equipment (Desk, Chair)</b> Line from Schedule A/B: <b>6.15</b>	<b>\$25.00</b>	<input checked="" type="checkbox"/> <b>\$25.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>N.C. Gen. Stat. § 1C-1601(a)(4)</b>
<b>Any and all miscellaneous household goods and personal items.</b> Line from Schedule A/B: <b>6.16</b>	<b>\$3,985.00</b>	<input checked="" type="checkbox"/> <b>\$3,985.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>N.C. Gen. Stat. § 1C-1601(a)(4)</b>
<b>Televisions</b> Line from Schedule A/B: <b>7.1</b>	<b>\$100.00</b>	<input checked="" type="checkbox"/> <b>\$100.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>N.C. Gen. Stat. § 1C-1601(a)(4)</b>
<b>Stereo/Radio</b> Line from Schedule A/B: <b>7.2</b>	<b>\$40.00</b>	<input checked="" type="checkbox"/> <b>\$40.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>N.C. Gen. Stat. § 1C-1601(a)(4)</b>
<b>VCR/DVD</b> Line from Schedule A/B: <b>7.3</b>	<b>\$20.00</b>	<input checked="" type="checkbox"/> <b>\$20.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>N.C. Gen. Stat. § 1C-1601(a)(4)</b>
<b>Printer</b> Line from Schedule A/B: <b>7.4</b>	<b>\$20.00</b>	<input checked="" type="checkbox"/> <b>\$20.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>N.C. Gen. Stat. § 1C-1601(a)(4)</b>
<b>Laptop</b> Line from Schedule A/B: <b>7.5</b>	<b>\$100.00</b>	<input checked="" type="checkbox"/> <b>\$100.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>N.C. Gen. Stat. § 1C-1601(a)(4)</b>

Debtor 1 **Alisa D Copeland**

Case number (if known)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
<b>Cash on hand</b> Line from Schedule A/B: <b>16.1</b>	<b>\$28.00</b>	<input checked="" type="checkbox"/> <b>\$28.00</b>  <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>N.C. Gen. Stat. § 1-362</b>
<b>SECU Checking Acct #9802</b> Line from Schedule A/B: <b>17.1</b>	<b>\$195.31</b>	<input checked="" type="checkbox"/> <b>\$195.31</b>  <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>N.C. Gen. Stat. § 1-362</b>
<b>SECU Share Acct # 9718</b> Line from Schedule A/B: <b>17.2</b>	<b>\$25.00</b>	<input checked="" type="checkbox"/> <b>\$25.00</b>  <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>N.C. Gen. Stat. § 1-362</b>
<b>North Carolina State Retirement Plan</b> Line from Schedule A/B: <b>21.1</b>	<b>\$23,088.69</b>	<input checked="" type="checkbox"/> <b>\$23,088.69</b>  <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>N.C. Gen. Stat. § 1C-1601(a)(9)</b>

3. **Are you claiming a homestead exemption of more than \$160,375?**

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

☒ No☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?☐ No☐ Yes

Rev. 3/2016

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF NORTH CAROLINAIN THE MATTER OF:  
**Alisa D Copeland**  
Debtor(s).

CASE NUMBER:

## SCHEDULE C-1 - PROPERTY CLAIMED AS EXEMPT

I, **Alisa D Copeland**, claim the following property as exempt pursuant to 11 U.S.C. § 522 and the laws of the State of North Carolina, and nonbankruptcy Federal law: **(Attach additional sheets if necessary).**

1. NCGS 1C-1601(a)(1) (NC Const., Article X, Section 2) REAL OR PERSONAL PROPERTY USED AS A RESIDENCE OR BURIAL PLOT (The exemption is not to exceed \$35,000; however, an unmarried debtor who is 65 years of age or older is entitled to retain an aggregate interest in the property not to exceed \$60,000 in value so long as the property was previously owned by the debtor as a tenant by the entireties or as a joint tenant with rights of survivorship and the former co-owner of the property is deceased, in which case the debtor must specify his/her age and the name of the former co-owner, if a child use initials only, of the property below).

Description of Property and Address	Market Value	Owner (D1)Debtor 1 (D2)Debtor 2 (J)Joint	Mortgage Holder or Lien Holder	Amount of Mortgage or Lien	Net Value	Value Claimed as Exempt Pursuant to NCGS 1C-1601(a)(1)
<b>2565 Bell Williams Road Burgaw, NC 28425 Pender County House &amp; lot at 2565 Bell Williams Rd., Burgaw, NC 28425, Pender County FMV: \$92,106.00 (Appraised value \$99,106.00 Repair Costs estimated at \$7,000.00 dated 02/05/15) Purchased: 11/18/1998 Pric</b>	<b>92,106.00</b>		<b>USDA Rural Development</b>	<b>60,798.81</b>	<b>31,307.19</b>	<b>33,000.00</b>

Debtor's Age: \_\_\_\_\_

Name of former co-owner: \_\_\_\_\_

**VALUE OF REAL ESTATE CLAIMED AS EXEMPT PURSUANT TO NCGS 1C-1601(a)(1): \$ 33,000.00**

2. NCGS 1C-1601(a)(3) MOTOR VEHICLE (The exemption in one vehicle is not to exceed \$3,500).

Model, Year Style of Auto	Market Value	Owner (D1)Debtor 1 (D2)Debtor 2 (J)Joint	Lien Holder	Amount of Lien	Net Value	Value Claimed as Exempt Pursuant to NCGS 1C-1601(a)(3)

Model, Year Style of Auto	Market Value	Owner (D1)Debtor 1 (D2)Debtor 2 (J)Joint	Lien Holder	Amount of Lien	Net Value	Value Claimed as Exempt Pursuant to NCGS 1C-1601(a)(3)
<b>2007 Chevrolet Tahoe 250,000 miles VIN: 1GNFC13C37R3450 95 FMV: \$ 10,700.00 less 10% = \$9,630.00 Purchased: 05/2011 Price: \$26,000.00</b>  <b>Ownership: Debtor &amp; Non-Filing Co-Borrower Vehicle is subject to a charge off in the amount of \$15,724.23 to Wells</b>	<b>9,630.00</b>		<b>Wells Fargo Dealer Services</b>	<b>15,724.23</b>	<b>0.00 50% owned</b>	<b>3,500.00</b>

**VALUE OF MOTOR VEHICLE CLAIMED AS EXEMPT PURSUANT TO NCGS 1C-1601(a)(3): \$ 3,500.00**

3. NCGS 1C-1601(a)(4) (NC Const., Article X, Section 1) PERSONAL OR HOUSEHOLD GOODS (The debtor's aggregate interest is not to exceed \$5,000 plus \$1,000 for each dependent of the debtor, not to exceed \$4,000 total for dependents). The number of dependents for exemption purposes is 2.

Description of Property	Market Value	Owner (D1)Debtor 1 (D2)Debtor 2 (J)Joint	Lien Holder	Amount of Lien	Net Value	Claimed as Exempt Pursuant to NCGS 1C-1601(a)(4)
<b>Any and all miscellaneous household goods and personal items.</b>	<b>3,985.00</b>				<b>3,985.00</b>	<b>3,985.00</b>
<b>Bedroom Furniture</b>	<b>200.00</b>				<b>200.00</b>	<b>200.00</b>
<b>Books &amp; Encyclopedia's</b>	<b>10.00</b>				<b>10.00</b>	<b>10.00</b>
<b>CD's</b>	<b>10.00</b>				<b>10.00</b>	<b>10.00</b>
<b>China &amp; Dishes</b>	<b>20.00</b>				<b>20.00</b>	<b>20.00</b>
<b>Dining Room Furniture</b>	<b>75.00</b>				<b>75.00</b>	<b>75.00</b>
<b>Dishwasher</b>	<b>20.00</b>				<b>20.00</b>	<b>20.00</b>
<b>Freezer</b>	<b>50.00</b>				<b>50.00</b>	<b>50.00</b>
<b>Laptop</b>	<b>100.00</b>				<b>100.00</b>	<b>100.00</b>
<b>Living Room Furniture</b>	<b>75.00</b>				<b>75.00</b>	<b>75.00</b>
<b>Microwave</b>	<b>15.00</b>				<b>15.00</b>	<b>15.00</b>
<b>Office Equipment (Desk, Chair)</b>	<b>25.00</b>				<b>25.00</b>	<b>25.00</b>
<b>Printer</b>	<b>20.00</b>				<b>20.00</b>	<b>20.00</b>
<b>Refrigerator</b>	<b>50.00</b>				<b>50.00</b>	<b>50.00</b>
<b>Silverware</b>	<b>10.00</b>				<b>10.00</b>	<b>10.00</b>
<b>Small Kitchen Appliances</b>	<b>25.00</b>				<b>25.00</b>	<b>25.00</b>
<b>Stereo/Radio</b>	<b>40.00</b>				<b>40.00</b>	<b>40.00</b>
<b>Stove</b>	<b>75.00</b>				<b>75.00</b>	<b>75.00</b>
<b>Televisions</b>	<b>100.00</b>				<b>100.00</b>	<b>100.00</b>
<b>VCR/DVD</b>	<b>20.00</b>				<b>20.00</b>	<b>20.00</b>
<b>Washing Machine &amp; Dryer</b>	<b>75.00</b>				<b>75.00</b>	<b>75.00</b>

VALUE CLAIMED AS EXEMPT PURSUANT TO NCGS 1C-1601(a)(4): \$ **5,000.00**

4. NCGS 1C-1601(a)(5) TOOLS OF TRADE (The debtor's aggregate interest is not to exceed \$2,000 in value).

Description	Market Value	Owner (D1)Debtor 1 (D2)Debtor 2 (J)Joint	Lien Holder	Amount of Lien	Net Value	Value Claimed as Exempt Pursuant to NCGS 1C-1601(a)(5)
<b>-NONE-</b>						

VALUE CLAIMED AS EXEMPT PURSUANT TO NCGS 1C-1601(a)(5): \$ **0.00**

5. NCGS 1C-1601(a)(6) LIFE INSURANCE (NC Const., Article X, Section 5).

Description\Insured\Last Four Digits of Policy Number\Beneficiary(if child, initials only)	Cash Value
<b>-NONE-</b>	

6. NCGS 1C-1601(a)(7) PROFESSIONALLY PRESCRIBED HEALTH AIDS (For Debtor or Debtor's Dependents, no limit on value).

Description
<b>-NONE-</b>

7. NCGS 1C-1601(a)(8) COMPENSATION FOR PERSONAL INJURY, INCLUDING COMPENSATION FROM PRIVATE DISABILITY POLICIES OR ANNUITIES, OR COMPENSATION FOR DEATH OF A PERSON UPON WHOM THE DEBTOR WAS DEPENDENT FOR SUPPORT. COMPENSATION NOT EXEMPT FROM RELATED LEGAL, HEALTH OR FUNERAL EXPENSE.

Description AND Source of Compensation, Including Name (If child, initials only) & Last Four Digits of Account Number of any Disability Policy/Annuity
<b>-NONE-</b>

8. NCGS 1C-1601(a)(2) ANY PROPERTY (Debtor's aggregate interest in any property is not to exceed \$5,000 in value of any unused exemption amount to which the debtor is entitled under NCGS 1C-1601(a)(1)).

Description of Property and Address	Market Value	Owner (D1)Debtor 1 (D2)Debtor 2 (J)Joint	Lien Holder	Amount of Lien	Net Value	Value Claimed as Exempt Pursuant to NCGS 1C-1601(a)(2)
<b>.5 acres with FEMA Trailer FMV: \$4500.00 (TV \$5,000.00 - 10% liquidation cost) Purchased: 2003 Price: \$1,500.00 TV: \$5,000.00 Ownership: Debtor has a 25% share of property Parcel ID: 2268-80-0385-0000 Located: FEMA Trailer and Lot 59 loop Road Bu</b>	<b>4,500.00</b>				<b>1,125.00 25% owned</b>	<b>2,000.00</b>

VALUE CLAIMED AS EXEMPT PURSUANT TO NCGS 1C-1601(a)(2): \$ **2,000.00**

9. NCGS 1C-1601(a)(9) and 11 U.S.C. § 522 INDIVIDUAL RETIREMENT PLANS & RETIREMENT FUNDS, as defined in the Internal Revenue Code, and any plan treated in the same manner as an individual retirement plan, including individual retirement accounts and Roth retirement accounts as described in §§ 408(a) and 408A of the Internal Revenue Code, individual retirement annuities as described in § 408(b) of the Internal Revenue Code, accounts established as part of a trust described in § 408(c) of the Internal Revenue Code, and funds in an account exempt from taxation under § 401, 403, 408, 408A, 414, 457, or 510(a) of the Internal Revenue Code. For purposes of this subdivision, "Internal Revenue Code" means Code as defined in G.S. 105-228.90.

Type of Account\Location of Account\Last Four Digits of Account Number
<b>North Carolina State Retirement Plan</b>



10. NCGS 1C-1601(a)(10) FUNDS IN A COLLEGE SAVINGS PLAN, as qualified under § 529 of the Internal Revenue Code, and that are not otherwise excluded from the estate pursuant to 11 U.S.C. §§ 541(b)(5)-(6), (e), not to exceed a cumulative limit of \$25,000. If funds were placed in a college savings plan within the 12 months prior to filing, the contributions must have been made in the ordinary course of the debtor's financial affairs and must have been consistent with the debtor's past pattern of contributions. The exemption applies to funds for a child of the debtor that will actually be used for the child's college or university expenses.

College Savings Plan\Last Four Digits of Account Number\Value\Initials of Child Beneficiary
---

-NONE-
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11. NCGS 1C-1601(a)(11) RETIREMENT BENEFITS UNDER THE RETIREMENT PLANS OF OTHER STATES AND GOVERNMENTAL UNITS OF OTHER STATES (The debtor's interest is exempt only to the extent that these benefits are exempt under the laws of the state or governmental unit under which the benefit plan is established).

Name of Retirement Plan\State Governmental Unit\Last Four Digits of Identifying Number
--

-NONE-
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12. NCGS 1C-1601(a)(12) ALIMONY, SUPPORT, SEPARATE MAINTENANCE, AND CHILD SUPPORT PAYMENTS OR FUNDS THAT HAVE BEEN RECEIVED OR TO WHICH THE DEBTOR IS ENTITLED (The debtor's interest is exempt to the extent the payments or funds are reasonably necessary for the support of the debtor or any dependent of the debtor).

Type of Support\Amount\Location of Funds
--

-NONE-
--------

13. TENANCY BY THE ENTIRETY. The following property is claimed as exempt pursuant to 11 U.S.C. § 522 and the law of the State of North Carolina pertaining to property held as tenants by the entirety.

Description of Property and Address	Market Value	Lien Holder	Amount of Lien	Net Value
-NONE-				

VALUE CLAIMED AS EXEMPT: \$ 0.00

#### 14. NORTH CAROLINA PENSION FUND EXEMPTIONS

-NONE-	
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#### 15. OTHER EXEMPTIONS CLAIMED UNDER LAWS OF THE STATE OF NORTH CAROLINA

a.	Debtor earnings necessary to support family (all earnings from last 60 days), N.C. Gen. Stat. § 1-362	28.00
b.	Debtor earnings necessary to support family (all earnings from last 60 days), N.C. Gen. Stat. § 1-362	195.31
c.	Debtor earnings necessary to support family (all earnings from last 60 days), N.C. Gen. Stat. § 1-362	25.00

#### 16. FEDERAL PENSION FUND EXEMPTIONS

-NONE-	
--------	--

#### 17. OTHER EXEMPTIONS CLAIMED UNDER NONBANKRUPTCY FEDERAL LAW

-NONE-	
--------	--

#### 18. RECENT PURCHASES

(a). List tangible personal property purchased by the debtor within ninety (90) days of the filing of the bankruptcy petition.

Description	Market Value	Lien Holder	Amount of Lien	Net Value
-NONE-				

(b). List any tangible personal property from 18(a) that is directly traceable to the liquidation or conversion of property that may be exempt and that was not acquired by transferring or using additional property.

Description of Replacement Property	Description of Property Liquidated or Converted that May Be Exempt

19. The debtor's property is subject to the following claims:

- a. Of the United States or its agencies as provided by federal law.
- b. Of the State of North Carolina or its subdivisions for taxes, appearance bonds or fiduciary bonds;
- c. Of a lien by a laborer for work done and performed for the person claiming the exemption, but only as to the specific property affected.
- d. Of a lien by a mechanic for work done on the premises, but only as to the specific property affected.
- e. For payment of obligations contracted for the purchase of specific real property affected.
- f. For contractual security interests in specific property affected; provided, that the exemptions shall apply to the debtor's household goods notwithstanding any contract for a nonpossessory, nonpurchase money security interest in any such goods.
- g. For statutory liens, on the specific property affected, other than judicial liens.
- h. For child support, alimony or distributive award order pursuant to Chapter 50 of the General Statutes of North Carolina.
- i. For criminal restitution orders docketed as civil judgments pursuant to G.S. 15A-1340.38.
- j. Debts of a kind specified in 11 U.S.C. § 523(a)(1) (certain taxes), (5) (domestic support obligations).
- k. Debts of a kind specified in 11 U.S.C. § 522(c).

Claimant	Nature of Claim	Amount of Claim	Description of Property	Value of Property	Net Value
<b>-NONE-</b>					

None of the property listed in paragraph 18(a), except qualified replacement property under 18(b), has been included in this claim of exemptions.

None of the claims listed in paragraph 19 is subject to this claim of exemptions.

I declare that to the extent any exemptions I have claimed appear on its face to exceed the amount allowed by the applicable statute, I claim only the maximum amount allowed by statute.

UNSWORN DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF INDIVIDUAL  
TO SCHEDULE C-1 - PROPERTY CLAIMED AS EXEMPT

I, **Alisa D Copeland**, declare under penalty of perjury that I have read the foregoing Schedule C-1 - Property Claimed as Exempt, consisting of 6 sheets, and that they are true and correct to the best of my knowledge, information and belief.

Executed on: **September 1, 2016**

**/s/ Alisa D Copeland**

**Alisa D Copeland**

Debtor

Rev. 4/2006

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF NORTH CAROLINAIN THE MATTER OF:  
**Alisa D Copeland**  
Debtor(s).

CASE NUMBER:

## SCHEDULE C- 2 - PROPERTY CLAIMED AS EXEMPT

I, **Alisa D Copeland**, claim the following property as exempt pursuant to 11 U.S.C. § 522 and the Federal bankruptcy law or the laws of a State other than North Carolina, and nonbankruptcy Federal law: **(Attach additional sheets if necessary).**

☐ Check if debtor claims a homestead exemption that exceeds \$125,000.

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Market Value of Property Without Deducting Exemption
<b>-NONE-</b>			

I declare that the following are the dates and addresses of my domicile during the 730 days preceding the date of the filing of the bankruptcy petition:

Dates	Addresses
<b>-NONE-</b>	

I declare that to the extent that any exemptions I have claimed appears on its face to exceed the amount allowed by the applicable statute, I claim only the maximum amount allowed by statute.

UNSWORN DECLARATION UNDER PENALTY OF PERJURY  
ON BEHALF OF INDIVIDUAL TO SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

I, **Alisa D Copeland**, declare under penalty of perjury that I have read the foregoing Schedule C-2 - Property Claimed as Exempt, consisting of 1 sheets, and that they are true and correct to the best of my knowledge, information and belief.

Executed on: **September 1, 2016****/s/ Alisa D Copeland**  
**Alisa D Copeland**

Debtor

**Fill in this information to identify your case:**

Debtor 1	<b>Alisa D Copeland</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF NORTH CAROLINA		
Case number (if known)			

☐ Check if this is an amended filing

## Official Form 106D

## Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

**1. Do any creditors have claims secured by your property?**

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

**2. List all secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion if any	
2.1	<b>Coastal Federal Credit Union</b> <small>Creditor's Name</small>  <b>Attention: Managing Agent</b> <b>Po Box 58429</b> <b>Raleigh, NC 27658</b> <small>Number, Street, City, State &amp; Zip Code</small>	Describe the property that secures the claim: <b>Judgment entered in New Hanover County, NC</b> <b>Property no longer owned/surrendered</b> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Nature of lien.</b> Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <b>Judgment 12CVD2707 - \$7,164.00/6.0/prorata</b>	<b>\$9,945.00</b>	<b>\$0.00</b>	<b>\$9,945.00</b>
	<b>Opened 4/01/08</b> <b>Last Active 6/02/11</b> <b>Date debt was incurred</b>	<b>Last 4 digits of account number</b>	<b>0001</b>		

**Who owes the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim relates to a community debt

2.2	<b>Furniture Fair</b> <small>Creditor's Name</small>  <b>Attn: Managing Agent</b> <b>507 Bell Fork Rd.</b> <b>Jacksonville, NC 28546</b> <small>Number, Street, City, State &amp; Zip Code</small>	Describe the property that secures the claim: <b>Living Room Furniture</b> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Nature of lien.</b> Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit	<b>\$314.66</b>	<b>\$75.00</b>	<b>\$239.66</b>
-----	--	--	-----------------	----------------	-----------------

**Who owes the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Debtor 1 **Alisa D Copeland**

Case number (if know)

First Name

Middle Name

Last Name

☐ Check if this claim relates to a community debt☒ Other (including a right to offset)**PMSI IS \$75.00/5.5/prorata 506 na**Date debt was incurred **11/2011**Last 4 digits of account number **0170**

2.3

**USDA Rural Development**

Creditor's Name

**Attention: Managing Agent  
P.O. Box 790170  
St Louis, MO 63179**

Number, Street, City, State &amp; Zip Code

Describe the property that secures the claim:

**2565 Bell Williams Road Burgaw, NC 28425 Pender County House & lot at 2565 Bell Williams Rd., Burgaw, NC 28425, Pender County FMV: \$92,106.00 (Appraised value \$99,106.00 Repair Costs estimated at \$7,000.00 dated 02/05/15) Purchased:**

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Nature of lien. Check all that apply.

☒ An agreement you made (such as mortgage or secured car loan)☐ Statutory lien (such as tax lien, mechanic's lien)☐ Judgment lien from a lawsuit☒ Other (including a right to offset)**DOT-I/S (582.00 X 60) inc. admin arrear & pre-pet \$12,944.05/prorata**

Who owes the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim relates to a community debt**Opened 5/06/99****Last Active**Date debt was incurred **3/15**Last 4 digits of account number **4958**

2.4

**Wells Fargo Dealer Services**

Creditor's Name

**Attention: Managing Agent  
MAC E2578-02B  
PO Box 3569  
Rancho Cucamonga, CA 91729**

Number, Street, City, State &amp; Zip Code

Describe the property that secures the claim:

**2007 Chevrolet Tahoe 250,000 miles VIN: 1GNFC13C37R345095 FMV: \$ 10,700.00 less 10% = \$9,630.00 Purchased: 05/2011 Price: \$26,000.00****Ownership: Debtor & Non-Filing Co-Borrower Vehicle is subject to a charge off in the amount of \$15,**

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Nature of lien. Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)☐ Statutory lien (such as tax lien, mechanic's lien)☐ Judgment lien from a lawsuit☒ Other (including a right to offset)**PMSI - I/\$9,630.00/5.50/prorata 506**

Who owes the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim relates to a community debt

Debtor 1 **Alisa D Copeland**

First Name

Middle Name

Last Name

Case number (if know)

**Opened****5/01/10****Last Active**Date debt was incurred **11/09/12**Last 4 digits of account number **5899**

Add the dollar value of your entries in Column A on this page. Write that number here:

**\$86,782.70**

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here:

**\$86,782.70****Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.



Name, Number, Street, City, State &amp; Zip Code

**Kirschbaum, Nanney, Keenan & Griffi****Attention: Managing Agent****PO Box 19806****Raleigh, NC 27619**On which line in Part 1 did you enter the creditor? **2.1**Last 4 digits of account number **2707**

**Fill in this information to identify your case:**

Debtor 1	<b>Alisa D Copeland</b>		
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF NORTH CAROLINA		
Case number			
(if known)			

☐ Check if this is an amended filing

## Official Form 106E/F

**Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims****1. Do any creditors have priority unsecured claims against you?**
☐ No. Go to Part 2.

☒ Yes.
**2. List all of your priority unsecured claims.** If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount	
2.1	<b>Gillespie &amp; Murphy, PA</b> Priority Creditor's Name <b>Attention: Managing Agent</b> <b>PO Drawer 888</b> <b>New Bern, NC 28563</b> Number Street City State Zip Code	Last 4 digits of account number	<b>\$4,600.00</b>	<b>\$4,600.00</b>	<b>\$0.00</b>
	<b>When was the debt incurred?</b> <b>3/2016</b>				
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of PRIORITY unsecured claim:</b> <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify <b>Deposits by individuals</b> <b>Attorney Fees</b>			



Debtor 1 **Alisa D Copeland**

Case number (if know)

2.2	<b>Nc Dept of Revenue</b> Priority Creditor's Name <b>Attn: Managing Agent</b> <b>P O Box 1168</b> <b>Raleigh, NC 27602</b> Number Street City State Zip Code	Last 4 digits of account number <b>9056</b>	<b>\$2,500.00</b>	<b>\$2,500.00</b>	<b>\$0.00</b>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		When was the debt incurred? _____  As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ <b>Taxes</b>			

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes.

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1	<b>AFNI</b> Nonpriority Creditor's Name <b>Attention: Bankruptcy</b> <b>1310 Martin Luther King Dr.</b> <b>Bloomington, IL 61701</b> Number Street City State Zip Code	Last 4 digits of account number <b>7187</b>			<b>Total claim</b> <b>\$299.00</b>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		When was the debt incurred? <b>Opened 2/01/11</b>  As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Collection Attorney AT&amp;T</b>			

Debtor 1 Alisa D Copeland

Case number (if know) \_\_\_\_\_

4.2

**CCM Enterprises**

Nonpriority Creditor's Name

**Attention: Managing Agent  
Po Box 781317  
Wichita, KS 67278**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

Last 4 digits of account number 1068\$30.00When was the debt incurred? Opened 12/01/06 Last Active 1/22/07**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify Returned Check

4.3

**Coastal Finance Co**

Nonpriority Creditor's Name

**Attn Managing Agent  
3602 Market Street  
Wilmington, NC 28403**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

Last 4 digits of account number 3204\$361.75

When was the debt incurred? \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify Money loaned

4.4

**Credbursrv**

Nonpriority Creditor's Name

**Attention: Managing Agent  
Po Box 451  
Durham, NC 27702**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

Last 4 digits of account number 0136\$184.00When was the debt incurred? Opened 6/01/09**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify Medical Collection

Debtor 1 **Alisa D Copeland**

Case number (if know)

4.5

**Credit Collections Srv.**

Nonpriority Creditor's Name

**Attention: Managing Agent  
Po Box 9134  
Needham, MA 02494**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **9838****\$420.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Auto Insurance - Not admitted**

4.6

**DbA Paragon Revenue Gr**

Nonpriority Creditor's Name

**Attn: Managing Agent  
PO Box 126  
Concord, NC 28026**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **3083****\$634.00**When was the debt incurred? **Opened 6/01/14**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collection Attorney New Hanover Regional Med Cente**

4.7

**DbA Paragon Revenue Gr**

Nonpriority Creditor's Name

**Attn: Managing Agent  
PO Box 126  
Concord, NC 28026**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **1951****\$248.00**When was the debt incurred? **Opened 9/01/13**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collection Attorney New Hanover Regional Med Cente**

Debtor 1 **Alisa D Copeland**

Case number (if know)

4.8

**Enhanced Recovery Corp**

Nonpriority Creditor's Name

**Attention: Client Services  
8014 Bayberry Rd  
Jacksonville, FL 32256**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **3444****\$289.00**When was the debt incurred? **Opened 8/01/11**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **AT&T**

4.9

**Fed Loan Serv**

Nonpriority Creditor's Name

**Attn: Managing Agent  
PO Box 60610  
Harrisburg, PA 17106**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **0002****\$7,626.00**When was the debt incurred? **Opened 8/01/09 Last Active 2/28/15**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☒ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☐ Other. Specify

**Educational**4.1  
0**Fed Loan Serv**

Nonpriority Creditor's Name

**Attn: Managing Agent  
PO Box 60610  
Harrisburg, PA 17106**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **0001****\$4,047.00**When was the debt incurred? **Opened 8/01/09 Last Active 2/28/15**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☒ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☐ Other. Specify

**Educational**

Debtor 1 **Alisa D Copeland**

Case number (if know)

4.1  
1**Financial Data Systems**

Nonpriority Creditor's Name

**Attn: Managing Officer/Agent  
1638 Military Cutoff Rd  
Wilmington, NC 28403**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **6342****\$245.00**When was the debt incurred? **Opened 4/01/11**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Medical Collection**

4.1  
2**Financial Data Systems**

Nonpriority Creditor's Name

**Attn: Managing Officer/Agent  
1638 Military Cutoff Rd  
Wilmington, NC 28403**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **0285****\$97.00**When was the debt incurred? **Opened 9/01/06**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Medical Collection**

4.1  
3**Financial Data Systems**

Nonpriority Creditor's Name

**Attn: Managing Agent  
P O Box 688  
Wrightsville Beach, NC 28480**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **0823****\$237.58**When was the debt incurred? **08/12/12**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Medical Collection**

Debtor 1 **Alisa D Copeland**

Case number (if know)

4.1  
4**Financial Data Systems**

Nonpriority Creditor's Name

**Attn: Managing Agent  
1638 Military Cutoff Rd.  
Wilmington, NC 28403**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **1045****\$70.00**When was the debt incurred? **Opened 2/01/13 Last Active 4/16/13**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Collection Attorney Ecep li Pa**

4.1  
5**Financial Data Systems**

Nonpriority Creditor's Name

**Attention: Managing Agent  
1638 Military Cutoff Road  
Wilmington, NC 28403**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **2255****\$25.00**When was the debt incurred? **Opened 3/01/14**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Collection Attorney Ecep li Pa**

4.1  
6**Financial Data Systems**

Nonpriority Creditor's Name

**Attention: Managing Agent  
1638 Military Cutoff Road  
Wilmington, NC 28403**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **4753****\$25.00**When was the debt incurred? **Opened 9/01/13**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Collection Attorney Ecep li Pa**

Debtor 1 **Alisa D Copeland**

Case number (if know)

4.1  
7**Frost-Anett Company**

Nonpriority Creditor's Name

**Attn: Managing Agent****PO Box 198988****Nashville, TN 37219-8988**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **4695****\$337.67**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Medical Bill**

4.1  
8**Grace Care LLC**

Nonpriority Creditor's Name

**Attention: Managing Agent****PO Box 338****Saint Leonard, MD 20685**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **9279****\$40.00**

When was the debt incurred?

**08/12/2012**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Medical Bill**

4.1  
9**Jon Barry & Associates**

Nonpriority Creditor's Name

**Attention: Managing Agent****Po Box 127****Concord, NC 28026**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **9621****\$516.00**

When was the debt incurred?

**Opened 5/01/11**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Medical Collection**

Debtor 1 Alisa D Copeland

Case number (if know) \_\_\_\_\_

4.2  
0**Jon Barry & Associates**

Nonpriority Creditor's Name

**Attention: Managing Agent  
Po Box 127  
Concord, NC 28026**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

**Last 4 digits of account number** 8980**\$342.00****When was the debt incurred?** Opened 5/01/11**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify Medical Collection

4.2  
1**Kross/Lieberman & Ston**

Nonpriority Creditor's Name

**Attention: Managing Agent  
1110 Navaho Dr Ste 501  
Raleigh, NC 27609**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

**Last 4 digits of account number** 5888**\$211.00****When was the debt incurred?** Opened 5/01/08**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify Medical Collection

4.2  
2**Pender Memorial Hospital**

Nonpriority Creditor's Name

**Attn: Managing Agent  
507 Fremont St.  
Burgaw, NC 28425**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

**Last 4 digits of account number** 1794**\$358.77****When was the debt incurred?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify Medical Bill



Debtor 1 **Alisa D Copeland**

Case number (if know)

4.2  
3**Pender Memorial Hospital**Last 4 digits of account number **1806****\$920.80**

Nonpriority Creditor's Name

**Attn: Managing Agent  
507 Fremont St.  
Burgaw, NC 28425**

When was the debt incurred?

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Medical Bill**

4.2  
4**Pender Memorial Hospital**Last 4 digits of account number **2072****\$339.67**

Nonpriority Creditor's Name

**Attn: Managing Agent  
507 Fremont St.  
Burgaw, NC 28425**

When was the debt incurred?

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Medical Bill**

4.2  
5**Recovery One**Last 4 digits of account number **9245****\$227.00**

Nonpriority Creditor's Name

**Attention: Managing Agent  
5100 Parkcenter Ave  
Dublin, OH 43017**

When was the debt incurred?

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Safelite Autoglass**

Debtor 1 **Alisa D Copeland**

Case number (if know)

4.2  
6**Revenue Cycle Solutions**Last 4 digits of account number **3508****\$65.48**

Nonpriority Creditor's Name

**Attn: Managing Agent  
2507 Delaney Ave  
Wilmington, NC 28403**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

When was the debt incurred? **10/24/12**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Medical Bill**

4.2  
7**Revenue Recovery Corp**Last 4 digits of account number **2782****\$98.00**

Nonpriority Creditor's Name

**Attention: Managing Agent  
612 S Gay St  
Knoxville, TN 37902**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

When was the debt incurred? **Opened 10/01/08**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Medical Collection**

4.2  
8**TRS Recovery Services, Inc.**Last 4 digits of account number **5005****\$48.75**

Nonpriority Creditor's Name

**Attn: Managing Agent  
P O Box 60022****City Of Industry, CA 91716-0022**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Returned Check**

Debtor 1 **Alisa D Copeland**

Case number (if know)

4.2  
9**Us Dept Of Education**

Nonpriority Creditor's Name

**Attn: Borrowers Service Dept  
Po Box 5609  
Greenville, TX 75403**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt  
Is the claim subject to offset?  
☒ No  
☐ Yes

Last 4 digits of account number **6861****\$6,392.00**When was the debt incurred? **Opened 8/06/09 Last Active 11/19/12**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☒ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☐ Other. Specify \_\_\_\_\_

**Educational**4.3  
0**Us Dept Of Education**

Nonpriority Creditor's Name

**Attn: Borrowers Service Dept  
Po Box 5609  
Greenville, TX 75403**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt  
Is the claim subject to offset?  
☒ No  
☐ Yes

Last 4 digits of account number **6761****\$3,608.00**When was the debt incurred? **Opened 8/06/09 Last Active 11/19/12**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☒ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☐ Other. Specify \_\_\_\_\_

**Educational**4.3  
1**Verizon**

Nonpriority Creditor's Name

**Attn: Managing Agent  
P O Box 105378  
Atlanta, GA 30348**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt  
Is the claim subject to offset?  
☒ No  
☐ Yes

Last 4 digits of account number **0001****\$2,399.36**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Wireless Contract**

Debtor 1 Alisa D Copeland

Case number (if know) \_\_\_\_\_

4.3  
2**Wells Fargo Financial**Last 4 digits of account number 5899\$0.00

Nonpriority Creditor's Name

**Attn: Officer****MAC E2578-02B****P O Box 3599****Rancho Cucamonga, CA 91729**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred?

12/2014

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Overrage on Chevy Tahoe, charged off4.3  
3**Williams & Fudge Inc**Last 4 digits of account number 7085\$739.00

Nonpriority Creditor's Name

**Attention: Managing Agent****300 Chatham Ave Ste 201****Rock Hill, SC 29730**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred?

Opened 3/01/11

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Cape Fear Community College4.3  
4**Wilmington Health**Last 4 digits of account number 8441\$1.00

Nonpriority Creditor's Name

**Attention: Managing Agent****1202 Medical Center Drive****Wilmington, NC 28401-7904**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Medical Bill**Part 3: List Others to Be Notified About a Debt That You Already Listed**

Debtor 1 **Alisa D Copeland**

Case number (if know)

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

**1SDNAFA11**  
**Attention: Managing Agent**  
**PO Box 1022**  
**Wixom, MI 48393-1022**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.17** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**4695**

Name and Address

**Cape Fear Community College**  
**Attention: Finance Department**  
**319 N. Front Street**  
**Wilmington, NC 28401**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.33** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**7085**

Name and Address

**ECEP II PA**  
**Attention: Managing Agent**  
**PO Box 2249**  
**Pawleys Island, SC 29585**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.14** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**1045,2255,4753**

Name and Address

**ECEP II PA**  
**Attention: Managing Agent**  
**PO Box 2249**  
**Pawleys Island, SC 29585**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.13** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**0923**

Name and Address

**Health Science Found**  
**Attn: Managing Agent**  
**P O Box 890554**  
**Charlotte, NC 28289-0554**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.26** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**3508**

Name and Address

**New Hanover Reg Med Center**  
**Attn Managing Agent**  
**P O Box 9000**  
**Wilmington, NC 28402**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.6** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**3083**

Name and Address

**New Hanover Reg Med Center**  
**Attn Managing Agent**  
**P O Box 9000**  
**Wilmington, NC 28402**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.7** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**1951**

Name and Address

**Paragon Revenue Group**  
**Attention: Managing Agent**  
**216 LePhilip Ct**  
**Concord, NC 28025-2954**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.19** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**9621**

Name and Address

**Paragon Revenue Group**  
**Attention: Managing Agent**  
**216 LePhilip Ct**  
**Concord, NC 28025-2954**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.20** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**8980**

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

Debtor 1 **Alisa D Copeland**

Case number (if know)

**Pender Memorial Hospital**  
**Attention: Managing Agent**  
**PO Box 1857**  
**Southgate, MI 48195-0857**

Line **4.22** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**1794**

Name and Address

**Pender Memorial Hospital**  
**Attention: Managing Agent**  
**PO Box 1857**  
**Southgate, MI 48195-0857**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.23** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**1806**

Name and Address

**Pender Memorial Hospital**  
**Attention: Managing Agent**  
**PO Box 1857**  
**Southgate, MI 48195-0857**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.24** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**2072**

Name and Address

**Progressive Insurance**  
**Attn: Managing Agent**  
**PO Box 31260**  
**Tampa, FL 33631**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.5** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**9838**

Name and Address

**Southeastern Anesthesiology**  
**Attention: Managing Agent**  
**PO Box 535440**  
**Atlanta, GA 30353**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.17** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**4695**

Name and Address

**TRS Recovery Services, Inc.**  
**Attn: Managing Agent**  
**5251 Westheimer**  
**Houston, TX 77056**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.28** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**5005**

Name and Address

**TRS Recovery Services, Inc.**  
**Attn: Managing Agent**  
**PO Box 4857**  
**Houston, TX 77210-4857**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.28** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**5005**

Name and Address

**TRS Recovery Services, Inc.**  
**Attn: Processing Center**  
**Denver, CO 80217**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.28** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**5005**

Name and Address

**Valentine & Kebartas Inc.**  
**Attn: Managing Agent**  
**P O Box 325**  
**Lawrence, MA 01842**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.31** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**0001**

Name and Address

**Verizon**  
**Attn: Managing Agent**  
**P O Box 660108**  
**Dallas, TX 75266-0108**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.31** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**0001**

Debtor 1 **Alisa D Copeland**

Case number (if know)

Name and Address

**Wilmington Health**  
**Attention: Managing Agent**  
**PO Box 600002**  
**Raleigh, NC 27675**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.34** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**8441****Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1	6a. Domestic support obligations	6a.	\$ <b>0.00</b>
	6b. Taxes and certain other debts you owe the government	6b.	\$ <b>2,500.00</b>
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$ <b>0.00</b>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ <b>4,600.00</b>
	6e. Total Priority. Add lines 6a through 6d.	6e.	\$ <b>7,100.00</b>

  

Total claims from Part 2	6f. Student loans	6f.	\$ <b>21,673.00</b>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ <b>0.00</b>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ <b>0.00</b>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ <b>9,809.83</b>
	6j. Total Nonpriority. Add lines 6f through 6i.	6j.	\$ <b>31,482.83</b>

**Fill in this information to identify your case:**

Debtor 1	<b>Alisa D Copeland</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF NORTH CAROLINA		
Case number (if known)			

☐ Check if this is an amended filing

**Official Form 106G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. **Do you have any executory contracts or unexpired leases?**

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.  
☐ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).

2. **List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone).** See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1	Name  Number Street  City State ZIP Code	
2.2	Name  Number Street  City State ZIP Code	
2.3	Name  Number Street  City State ZIP Code	
2.4	Name  Number Street  City State ZIP Code	
2.5	Name  Number Street  City State ZIP Code	



**Fill in this information to identify your case:**

Debtor 1	<b>Alisa D Copeland</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF NORTH CAROLINA		
Case number (if known)			

☐ Check if this is an amended filing

## Official Form 106H

### Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

☐ No

☒ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☒ No. Go to line 3.

☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

**Column 1: Your codebtor**

Name, Number, Street, City, State and ZIP Code

**Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

3.1 **Bertha Martin**  
**121 King Arthur Drive**  
**Wilmington, NC 28412**

☒ Schedule D, line 2.4

☐ Schedule E/F, line \_\_\_\_\_

☐ Schedule G \_\_\_\_\_

**Wells Fargo Dealer Services**

Fill in this information to identify your case:

Debtor 1 Alisa D CopelandDebtor 2  
(Spouse, if filing)United States Bankruptcy Court for the: EASTERN DISTRICT OF NORTH CAROLINACase number  
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 106I

## Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1:** Describe Employment

## 1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

## Employment status

## Occupation

## Employer's name

## Employer's address

## Debtor 1

- ☒ Employed
- ☐ Not employed

Data ManagerNew Hanover County School

Attention: Managing Agent  
6410 Carolina Beach Road  
Wilmington, NC 28412

## Debtor 2 or non-filing spouse

- ☐ Employed
- ☐ Not employed

How long employed there? 1 year**Part 2:** Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>2,687.00</u>	\$ <u>N/A</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	+\$ <u>N/A</u>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <u>2,687.00</u>	\$ <u>N/A</u>

Debtor 1 **Alisa D Copeland**

Case number (if known)

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ <b>2,687.00</b>	\$ <b>N/A</b>
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. \$ <b>224.10</b>	\$ <b>N/A</b>
5b. Mandatory contributions for retirement plans	5b. \$ <b>161.22</b>	\$ <b>N/A</b>
5c. Voluntary contributions for retirement plans	5c. \$ <b>0.00</b>	\$ <b>N/A</b>
5d. Required repayments of retirement fund loans	5d. \$ <b>0.00</b>	\$ <b>N/A</b>
5e. Insurance	5e. \$ <b>169.68</b>	\$ <b>N/A</b>
5f. Domestic support obligations	5f. \$ <b>0.00</b>	\$ <b>N/A</b>
5g. Union dues	5g. \$ <b>0.00</b>	\$ <b>N/A</b>
5h. Other deductions. Specify:	5h.+ \$ <b>0.00</b>	+ \$ <b>N/A</b>
<b>6. Add the payroll deductions.</b> Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ <b>555.00</b>	\$ <b>N/A</b>
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	7. \$ <b>2,132.00</b>	\$ <b>N/A</b>
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <b>0.00</b>	\$ <b>N/A</b>
8b. Interest and dividends	8b. \$ <b>0.00</b>	\$ <b>N/A</b>
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <b>0.00</b>	\$ <b>N/A</b>
8d. Unemployment compensation	8d. \$ <b>0.00</b>	\$ <b>N/A</b>
8e. Social Security	8e. \$ <b>0.00</b>	\$ <b>N/A</b>
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ <b>0.00</b>	\$ <b>N/A</b>
8g. Pension or retirement income	8g. \$ <b>0.00</b>	\$ <b>N/A</b>
8h. Other monthly income. Specify: <b>Contribution from Household Members</b>	8h.+ \$ <b>200.00</b>	+ \$ <b>N/A</b>
<b>9. Add all other income.</b> Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ <b>200.00</b>	\$ <b>N/A</b>
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ <b>2,332.00</b> + \$ <b>N/A</b>	= \$ <b>2,332.00</b>
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:		
	11. +\$ <b>0.00</b>	
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$ <b>2,332.00</b>	<b>Combined monthly income</b>
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>		
<input type="checkbox"/> No.		
<input checked="" type="checkbox"/> Yes. Explain: <b>None Anticipated</b>		

Fill in this information to identify your case:

Debtor 1 Alisa D Copeland

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: EASTERN DISTRICT OF NORTH CAROLINA

Case number \_\_\_\_\_  
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

## Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

## Part 1: Describe Your Household

## 1. Is this a joint case?

☒ No. Go to line 2.☐ Yes. Does Debtor 2 live in a separate household?☐ No☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household* of Debtor 2.2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes. Fill out this information for each dependent.....

Do not state the dependents names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Daughter

23

☐ No☒ Yes

Daughter

24

☐ No☒ Yes☐ No☐ Yes☐ No☐ Yes3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

## Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

## 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 0.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 50.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

## 5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Alisa D Copeland**

Case number (if known) \_\_\_\_\_

6. <b>Utilities:</b>	
6a. Electricity, heat, natural gas	6a. \$ <u>250.00</u>
6b. Water, sewer, garbage collection	6b. \$ <u>0.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>376.00</u>
6d. Other. Specify: _____	6d. \$ <u>0.00</u>
7. <b>Food and housekeeping supplies</b>	7. \$ <u>400.00</u>
8. <b>Childcare and children's education costs</b>	8. \$ <u>0.00</u>
9. <b>Clothing, laundry, and dry cleaning</b>	9. \$ <u>40.00</u>
10. <b>Personal care products and services</b>	10. \$ <u>20.00</u>
11. <b>Medical and dental expenses</b>	11. \$ <u>30.00</u>
12. <b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>125.00</u>
13. <b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$ <u>0.00</u>
14. <b>Charitable contributions and religious donations</b>	14. \$ <u>0.00</u>
15. <b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ <u>0.00</u>
15b. Health insurance	15b. \$ <u>0.00</u>
15c. Vehicle insurance	15c. \$ <u>75.00</u>
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>
16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: <b>Personal Property</b>	16. \$ <u>19.17</u>
17. <b>Installment or lease payments:</b>	
17a. Car payments for Vehicle 1	17a. \$ <u>0.00</u>
17b. Car payments for Vehicle 2	17b. \$ <u>0.00</u>
17c. Other. Specify: <b>Chapter 13 Plan Payment</b>	17c. \$ <u>922.00</u>
17d. Other. Specify: _____	17d. \$ <u>0.00</u>
18. <b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	18. \$ <u>0.00</u>
19. <b>Other payments you make to support others who do not live with you.</b> Specify: _____	19. \$ <u>0.00</u>
20. <b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>	
20a. Mortgages on other property	20a. \$ <u>0.00</u>
20b. Real estate taxes	20b. \$ <u>0.00</u>
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>
21. <b>Other:</b> Specify: <b>Grooming/Haircuts</b>	21. +\$ <u>20.00</u>
22. <b>Calculate your monthly expenses</b>	
22a. Add lines 4 through 21.	\$ <u>2,327.17</u>
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ _____
22c. Add line 22a and 22b. The result is your monthly expenses.	\$ <u>2,327.17</u>
23. <b>Calculate your monthly net income.</b>	
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$ <u>2,332.00</u>
23b. Copy your monthly expenses from line 22c above.	23b. -\$ <u>2,327.17</u>
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$ <u>4.83</u>
24. <b>Do you expect an increase or decrease in your expenses within the year after you file this form?</b> For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?	
<input type="checkbox"/> No.	
<input checked="" type="checkbox"/> Yes.	Explain here: <b>None Anticipated</b>

**Fill in this information to identify your case:**

Debtor 1	<b>Alisa D Copeland</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF NORTH CAROLINA		
Case number (if known)			

☐ Check if this is an amended filing
**Official Form 106Sum****Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

**Part 1: Summarize Your Assets**

		<b>Your assets</b> Value of what you own
1.	<b>Schedule A/B: Property</b> (Official Form 106A/B)	
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ <b>93,231.00</b>
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ <b>33,152.00</b>
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ <b>126,383.00</b>

**Part 2: Summarize Your Liabilities**

		<b>Your liabilities</b> Amount you owe
2.	<b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 106D)	
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ <b>86,782.70</b>
3.	<b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 106E/F)	
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	\$ <b>7,100.00</b>
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	\$ <b>31,482.83</b>
<b>Your total liabilities</b>		\$ <b>125,365.53</b>

**Part 3: Summarize Your Income and Expenses**

4.	<b>Schedule I: Your Income</b> (Official Form 106I)	
	Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	\$ <b>2,332.00</b>
5.	<b>Schedule J: Your Expenses</b> (Official Form 106J)	
	Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	\$ <b>2,327.17</b>

**Part 4: Answer These Questions for Administrative and Statistical Records****6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**
☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

☒ Yes
**7. What kind of debt do you have?**
☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. *Check this box* and submit this form to the court with your other schedules.

Debtor 1 Alisa D Copeland

Case number (if known) \_\_\_\_\_

8. **From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ 2,887.00

9. **Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:**

	Total claim
<b>From Part 4 on <i>Schedule E/F</i>, copy the following:</b>	
9a. Domestic support obligations (Copy line 6a.)	\$ <u>0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>2,500.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <u>0.00</u>
9d. Student loans. (Copy line 6f.)	\$ <u>21,673.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <u>0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <u>0.00</u>
9g. <b>Total.</b> Add lines 9a through 9f.	\$ <u>24,173.00</u>

**Fill in this information to identify your case:**

Debtor 1	<b>Alisa D Copeland</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF NORTH CAROLINA		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Sign Below**

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_ Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Alisa D Copeland  
**Alisa D Copeland**  
 Signature of Debtor 1

X \_\_\_\_\_  
 Signature of Debtor 2

Date September 1, 2016

Date \_\_\_\_\_



In re **Alisa D Copeland**

Debtor(s)

Case No.

**DECLARATION CONCERNING DEBTOR'S SCHEDULES**

**Attachment A**

**Inclusion of any debt listed on Schedules D, E or F shall not be construed as an admission as to it's validity including but not limited to the propriety/amount of charges/fees, interest rate or standing to assert a claim based on the alleged debt.**

B2030 (Form 2030) (12/15)

**United States Bankruptcy Court**  
**Eastern District of North Carolina**

In re **Alisa D Copeland**

Debtor(s)

Case No.

Chapter **13**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$	<u><b>5,000.00</b></u>
Prior to the filing of this statement I have received .....	\$	<u><b>400.00</b></u>
Balance Due .....	\$	<u><b>4,600.00</b></u>

2. \$ **310.00** of the filing fee has been paid.
3. The source of the compensation paid to me was:  
☒ Debtor      ☐ Other (specify):
4. The source of compensation to be paid to me is:  
☐ Debtor      ☒ Other (specify): **Chapter 13 Plan**
5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.  
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
  - Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
  - Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
  - Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
  - [Other provisions as needed]
7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:  
**Refer to attorney fee contract attached hereto. (Chapter 13 Cases only)**

**Representation of debtors in an adversary proceeding or other contested bankruptcy matters. (Chapter 7 cases only)**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**September 1, 2016**

*Date*

**/s/ Robert J. Anderson**

**Robert J. Anderson 37992**

*Signature of Attorney*

**Gillespie & Murphy PA**

**P.O. Drawer 888**

**New Bern, NC 28563**

**(252) 636-2225 Fax: (252) 636-0625**

**gmpa@lawyersforchrist.com**

*Name of law firm*

**Gillespie and Murphy, P.A.**

## Attorneys at Law

**gmpa@lawyersforchrist.com**

**1-800-453-9851**

320 Middle Street  
Post Office Drawer 888  
New Bern, NC 28563  
(252) 636-2225

321 N. Front Street  
Wilmington, NC 28401  
(910) 254-3456

# Client Authorization for Legal Services, Bankruptcy Fee Contract, Chapter 13 Case

The undersigned “Client(s)” retains the law offices of Gillespie and Murphy, P.A. (hereafter referred to as “attorney”) for the purpose of filing a petition under Chapter 13 of the U.S. Bankruptcy Code (the “case.”) The attorney shall represent the client in a Chapter 13 bankruptcy proceeding before the United States Bankruptcy Court for the Eastern District of North Carolina, subject to the terms of this agreement as set forth herein.

**1. FEES AND COSTS AND TERMS OF PAYMENT:**

- a. Client(s) agree(s) attorney shall be paid a total of \$ 5,333.00.  
This amount includes the following:
- |    |                   |   |
|----|-------------------|---|
| 1. | <u>\$5,000.00</u> | attorney fees;  |
| 2. | <u>\$ 23.00</u>   | credit report fee (\$23.00 per person/\$43.00 joint); |
| 3. | <u>\$ 310.00</u>  | bankruptcy court filing fee;                          |
| 4. | <u></u>           | other services <u></u>                                |
- b. The following amount of fees and costs must be paid prior to the final preparation of and filing of the Chapter 13 bankruptcy petition:
- |    |                  |                                   |
|----|------------------|-----------------------------------|
| 1. | <u>\$ 400.00</u> | up front portion of attorney fee; |
| 2. | <u>\$ 23.00</u>  | credit report fee;                |
| 3. | <u>\$ 310.00</u> | bankruptcy court filing fee;      |
| 4. | <u></u>          | other services <u></u>            |

**TOTAL UP FRONT FEES AND COSTS:** \$ 733.00

- c. The balance of the attorney fee of \$ 4,600.00 shall be paid through the client(s) Chapter 13 plan in accordance with the applicable provisions of the Bankruptcy Code and the applicable provisions of the Local Rules of the Bankruptcy Court for the Eastern District of North Carolina (EDNC). Attorney fees to be paid through the Chapter 13 plan (the portion of the attorney fee not paid upfront/pre-petition and any additional compensation awarded the attorney upon application to the court pursuant to Rule 2016-1 (a)(9)(A) herein) shall be treated and paid by the Trustee as an administrative expense of the Chapter 13 case. These fees shall be paid by the Trustee during the first year of the plan unless the court directs otherwise. The Trustee may without application to the court, modify the Chapter 13 plan to extend the duration of the plan and/or

increase the monthly amount of the plan payment in order to provide the funds necessary to pay the attorney fees as set forth herein. The Trustee must notify the attorney and the client(s) of any necessary plan modifications.

- d. The undersigned has paid \$ 733.00 upon execution of the agreement. The remaining balance of the upfront attorney fee and cost are \$ 0.00 and must be paid prior to the preparation and filing of the Chapter 13 bankruptcy petition. **The Chapter 13 petition shall not be filed, in accordance with the bankruptcy code, until all upfront fees and costs, as set forth above are paid and all information requested by attorney is provided, the petition is prepared, reviewed by "Client(s)" for accuracy and signed for verification by "Client(s)".**

Client agrees that if payments are not made as outlined above, attorney may immediately close client(s) file, in which case no further action needs to be taken or services rendered by attorney and said file shall be closed. The bankruptcy court filing fee shall be returned to the client(s) with all other fees paid non-refundable to attorney. In the event the "Client(s)" has not paid the up-front fees and costs within 180 days of the date of this Agreement, it shall be presumed that the "Client(s)" has elected not to file bankruptcy. Any attorney fees paid and costs paid for services such as, but not limited to, credit report, credit counseling, debtor education or similar services after this 180 days shall be forfeited by Client(s) to attorney as non-refundable.

- e. Additional fees may be awarded to attorney for services provided to client in accordance with the local rules of the bankruptcy court for the EDNC.

The fee schedule set forth in paragraph 6 (A) - (U) below reflects the current fees allowed for the services described. These fees are adjusted upwards by the Court from time to time and any services provided will be billed at the rate in existence at the time such services are rendered.

In accordance with local rule 2016-1 of the Bankruptcy Court for the Eastern District of North Carolina, the following are the rules and procedures governing the award of attorney's fees in Chapter 13 cases. Client(s) acknowledges these rules and procedures and agrees to the terms thereof.

- (1) **AMOUNT OF STANDARD BASE FEE: The standard base fee in a Chapter 13 case is as provided in the statement of approved compensation published annually by the clerk and included in the Administrative Guide to Practice and Procedure. (\$5,000.00) Though the standard fee will typically be approved by the court without hearing, the trustee may recommend, in appropriate cases, that a lower fee be allowed. In recommending a standard base fee in converted cases, the trustee shall take into consideration the**

- compensation already received.
- (2) **SERVICES INCLUDED IN THE BASE FEE.** The standard fee includes the basic services reasonably necessary to properly represent the debtor before the bankruptcy court during the first 12 months after filing the case.
  - (3) **APPLYING FOR A HIGHER BASE FEE.** Applications for approval of a base fee higher than the standard base fee must be filed by the debtor's attorney within 60 days after the conclusion of the creditor's meeting under § 341 of the Bankruptcy Code.
  - (4) **NON-BASE FEE SERVICES DEFINED.** The following services are not covered by the standard base fee, and additional compensation for these services may be awarded by the court:
    - (A) motion for authority to sell real property;
    - (B) application to incur debt
    - (C) motion to extend or impose the automatic stay for repeat filers;
    - (D) prosecution or defense of adversary proceedings;
    - (E) motion or adversary proceeding to value collateral and avoid mortgage;
    - (F) motion to avoid lien;
    - (G) filing of formal motions or responses pertaining to three or more matters arising during the first year of the case, including but not limited to the services listed below in subsection (6); and
    - (H) any other service that, in the discretion of the court, reasonably warrants additional compensation.
  - (5) **APPROVAL OF NON-BASE FEES.** Except as specified in subsection (6), applications for fees for any non-base fee services provided to a chapter 13 debtor must be approved by the court. Notice of each application for fees and expenses in any amount under \$1,000 must be sent to each debtor, the trustee, and the bankruptcy administrator. Notice of each application for fees and expenses of \$1,000 and above must be given to all parties in interest.
  - (6) **PRESUMPTIVE NON-BASE FEES/APPROVAL/NOTICE.** The list of presumptively reasonable non-base fee services are contained in the statement of approved compensation published by the clerk and included in the Administrative Guide to Practice and Procedure. Applications for the presumptive non-base fee must be filed with a notice verifying completion of the service and a certificate of service evidencing service of the notice on each debtor, the trustee and the bankruptcy administrator. The applications for presumptive non-base fees will automatically be approved by the court. Alternatively, the debtor's attorney may apply to the court for approval of non-base fees on a "time and expense" basis pursuant to Rule 2016 of the Federal Rules of Bankruptcy Procedure and 11 U.S.C. § 330. Presumptive Non-base Fees effective September 1, 2012 and modified

effective August 13, 2013 as outlined in the Administrative Guide are listed below:

(A) Motion to extend or impose the automatic stay for repeat filers	\$400.00
(B) Motion to use interrogatories, and interrogatories	\$150.00
(C) Motion for turnover	\$400.00
(D) Motion to avoid lien	\$450.00
(E) Motion to modify plan post-confirmation	\$450.00
(F) Motion to substitute collateral	\$400.00
(G) Motion for authority to sell property	\$450.00
(H) Application to incur debt	\$200.00
(I) Defense of motion for relief from stay and/or co-debtor stay	\$500.00
(J) Handling of an insurance inquiry received more than twelve (12) months after the Chapter 13 case is filed	\$100.00
(K) Motion to set aside dismissal	\$350.00
(L) Defense of motion to dismiss	\$250.00
(M) Motion for hardship discharge	\$500.00
(N) Objection to claims	\$150.00
(O) Notice to abandon property	\$150.00
(P) Motion to Value Collateral and Avoid Mortgage	\$500.00
(Q) Filing of proof of claim	\$150.00
(R) Motion to Deem Mortgage Current (to be paid directly by the debtor)	\$350.00
(S) Amendment to schedules or statement of Financial Affairs	\$100.00
(T) Objection to Confirmation	\$350.00
(U) Motion to Surrender	\$150.00

**COSTS APPLIED TO ALL:** When the costs for copying and postage exceed \$25.00, the actual amount, plus the presumptive fee, shall be reimbursed to counsel.

- (7) **DISCLOSURE OF FEE PROCEDURES.** Every attorney for a chapter 13 debtor must disclose to the debtor the procedures applicable in this district to awards of attorneys' fees in chapter 13 cases.
- (8) **INTERIM APPROVAL OF PARTIAL BASE FEE.** An attorney fee as specified in the Administrative Guide to Practice and Procedure for services provided to the debtor up to and including the petition date is authorized and shall be considered part of the base fee. Any amount in excess of the base fee collected by the attorney prior to filing the chapter 13 petition must be held in the attorney's client trust account pending further order of the court or approval of the fees in accordance with this rule.

**(9) PAYMENT OF ATTORNEY FEES/MODIFICATION OF PLAN.**

**The following will be treated and paid as administrative expenses of the chapter 13 case:**

- (A) the standard base fee, less any partial base fee paid prior to filing the chapter 13 petition; and**
- (B) any additional amounts awarded in excess of the standard base fee or for non-base fee services.**

**These fees shall be paid by the trustee at the rate set in the Administrative Guide to Practice and Procedure unless the court directs otherwise. The trustee may, without application to the court, modify the chapter 13 plan to extend the duration of the plan and/or increase the monthly amount of the plan payment in order to provide the funds necessary to pay attorney fees. The trustee must notify the debtor and the debtor's attorney of the plan modification.**

- f. Upon the payment of the up-front portion of the attorney fees set forth in 1(b) above, a file shall be opened and all fees paid to attorney towards the up-front attorney fees shall be deemed non-refundable. In the event that client elects not to file bankruptcy, all monies paid will be first applied to the up-front attorney's fees and non-refundable, then to other costs incurred by attorney, then to the cost of credit counseling fees, credit report fees, bankruptcy court filing fees or other similar fees/costs and if not expended for such purpose shall be refundable to the "Client(s)" upon request.
- g. If additional services, not included in the standard base fee nor included in local rule 2016-1 of the EDNC Bankruptcy Rules, do become necessary, the "Client(s)" agree(s) to pay for these additional services, upon request, in advance, before the services are rendered at the hourly rate of \$300.00 per hour, or a flat fee which payments will be deposited and kept in attorney's client trust account until any necessary court approval is obtained. In the alternative, the attorney may agree to provide the service and to apply to the Court to add the fees for said services paid through clients Chapter 13 plan, instead of requiring payment directly from client(s).
- h. **CONTINGENCY FEE ELECTION** - In the event the attorney files an action to address creditor misconduct, including adversary proceedings or motions for sanctions the attorney, in his sole discretion, may elect to provide these services on a "contingency fee" basis. Under this election, the client agrees that the attorney shall be compensated for performing these services through payment to him of a minimum of 33% of any gross recovery obtained on the client's behalf, subject to Bankruptcy Court approval.

**2. LEGAL SERVICES PROVIDED:**

- a. For the fees set forth in 1(a) above, the attorney shall provide basic services reasonably necessary to properly prepare the chapter 13 bankruptcy petition and

represent the “Client(s)” before the bankruptcy court during the first 12 months after filing the petition, however, additional fees may be awarded during this 12 months in accordance with the Local Rule 2016-1(a)4(E) of the bankruptcy court for the Eastern District of North Carolina as set forth in 1(e) above. These services include the following:

1. Analysis of “Client(s)” financial situation and advising Client(s);
2. Preparation of petition, schedules, statement of financial affairs, supplemental local forms, chapter 13 plan and mailing matrix;
3. Correspondence to “Client(s)” regarding “Client(s)” responsibilities and attendance of Section 341 meeting;
4. Preparation for and representing “Client(s)” at Section 341 meetings;
5. Exemption planning;
6. Providing information to the court, the trustee and creditors in accordance with the Bankruptcy Code and the Local Rules of the EDNC;
7. Review of Orders related to the case;
8. Maintaining custody and control of case file;
9. Obtaining copies of proof of claims and review, if necessary;
10. If needed, preparation and filing of proofs of claim on your behalf for your creditors;
11. Defending objection to confirmation of your chapter 13 plan;
12. Assumption and rejections of unexpired leases and executory contracts;
13. Preparation for and attendance at valuation hearings;
14. Calculation of plan payment modifications (no motion filed);
15. Adding creditor addresses to mailing matrix as needed (however, “Client(s)” must pay the fee charged by the court for any such amendment which is currently \$30.00 per amendment);
16. Responding to “Client(s)” contacts regarding changes in “Client(s)” financial and personal circumstances and advising the court and trustee of the same, if necessary, for the proper administration of “Client(s)” case;
17. Communicating with “Client(s)” as needed for the proper administration of “Client(s)” case;
18. Communicating with creditors as needed for the proper administration of “Client(s)” case;
19. Communicating with the court and trustee as needed for the proper administration of “Client(s)” case;

- b. However, in the event some unusual or unexpected event or action occurs that requires more time, expense, and labor for any of the above, the attorney has the right to seek an award of fees through the court for such time, expense and labor.

### **3. LEGAL SERVICES NOT PROVIDED:**

- a. Conversion to Chapter 7;
- b. Representation in any action objecting to discharge in bankruptcy or discharge of a particular debt;
- c. Representation in any Adversary Proceeding filed by the Trustee or creditor or



- Bankruptcy Administrator;
- d. Post-discharge actions;
- e. Representation before any tax authority
- f. The cost of long distance telephone calls and the cost of delivery (other than postage)
- g. Fielding telephone calls and correspondence from client's creditors prior to filing of case with the court
- h. Searching title or lien records
- i. Services initiated to resolve issues concerning concealment of debts or assets or misrepresentation of facts
- j. Non-appearances at court or the first meeting of creditors
- k. Negotiating or arranging for the retention, redemption. or post discharge release of collateral
- l. Reaffirmation agreements and/or motions for redemption

**4. CLIENT(S) OBLIGATIONS:**

- a. To pay the fees set out above;
- b. To make all payments required by the Client(s) Chapter 13 plan to the Chapter 13 Trustee and pay all outside creditor payments pursuant to "Client(s)" Chapter 13 plan;
- c. To provide accurately, completely and honestly all the information necessary to properly analyze the client(s) financial situation and prepare the chapter 13 bankruptcy petition, schedules, statement of financial affairs, supplemental local forms, chapter 13 plan, mailing matrix and other documents as required;
- d. To thoroughly review and sign the bankruptcy petition, schedules, statement of financial affairs, supplemental local forms, chapter 13 plan, mailing matrix and other documents as required and advise attorney of any inaccuracies or changes needed;
- e. To keep the attorney advised at all times of all the client(s) current contact information, including but not limited to, mailing addresses, physical address, email address, work phone number, home phone number, cell number and any other means of contact;
- f. To attend the section 341 meeting of creditors and any other court hearings set in "Client(s)" case and to arrive in a timely manner dressed appropriate for a court proceeding;
- g. To provide any information requested by the Chapter 13 Trustee, Court, Bankruptcy Administrator, Attorney for "Client(s)", any member of Attorney's staff and any other party in the case, unless the Court rules the "Client(s)" is/are not required to provide the information;
- h. To respond immediately to any phone call, correspondence and requests by the Attorney or staff of Attorney;
- i. Comply with the obligations placed upon the "Client(s)" by Local Rule 4002-1(g), a copy of which is attached hereto;
- j. To do everything asked of "Client(s)" by attorney, Trustee, Court and Bankruptcy Administrator for proper administration of "Client(s)" case.

- k. Not to give out attorney's name, telephone number or address prior to the filing date of clients' case, unless clients have paid attorney at least \$200.00 of the attorney fees due.
- l. To promptly provide the Attorney with copies of any judgments, summons, writs of execution, foreclosure notices and all other documentation or legal process (law suits or other proceedings) for matters in which the Client is a party.

**5. POWER OF ATTORNEY REGARDING PAYMENTS MADE BY "CLIENT(S)"**

- a. Pursuant to Local Rule 3070-1(a) of Local Rules of the EDNC Bankruptcy Court, upon conversion or dismissal of your Chapter 13 case prior to confirmation, and unless the Court orders otherwise, the Chapter 13 Trustee shall return to the debtor any payments made by the debtor under the proposed plan, less an administrative expense claim under 11 U.S.C. 503(b). Pursuant to the current practice in the EDNC, if after administrative expenses are paid, there is still money remaining, the Chapter 13 Trustee will return the payment made by the debtor to the office of the attorney representing debtor that filed the case instead of sending the money directly to the debtor.

**THE "CLIENT(S)" HEREBY EXPRESSLY GRANTS ATTORNEY A POWER OF ATTORNEY TO NEGOTIATE ANY FUNDS RECEIVED FROM THE CHAPTER 13 TRUSTEE'S OFFICE UPON CONVERSION OR DISMISSAL OF THE CHAPTER 13 CASE PRIOR TO CONFIRMATION IF THE ATTORNEY FEES THAT WERE TO BE PAID THROUGH THE CHAPTER 13 PLAN PURSUANT TO THIS AGREEMENT ARE STILL DUE AND OWING TO ATTORNEY AT THE TIME OF THE CONVERSION OR DISMISSAL.**

- b. Client understands and agrees that all attorney fees due attorney pursuant to this agreement are due to Attorney regardless of whether the case is confirmed or dismissed prior to confirmation and "Client(s)" is/are not entitled to any refund of any fees paid to Attorney pursuant to this agreement or by Chapter 13 Trustee.

**6. NO PROMISES OF OUTCOME, FUTURE CREDIT OR TAX ADVISE:**

- a. Client acknowledges that neither attorney nor attorney's staff has made any promises or guarantees about the outcome of "Client(s)" case or the "Client(s)" ability to obtain future credit.
- b. The attorney representation of the "Client(s)" specifically does not include and the attorney has not undertaken to give tax advice to the client, and attorney has advised the debtor to seek separate counsel or a CPA or tax advisor with regard to any tax advice or tax ramifications of the filing of any bankruptcy proceeding.

**7. WITHDRAWAL FROM REPRESENTATION:**

The attorney reserves the right to withdraw from this matter (i) if the client fails to honor any part/portion of this agreement, (ii) for any just reason as permitted or required under the North Carolina State Bar's Rules of Professional Conduct, (iii) as permitted by the rules of courts of the State of North Carolina and/or the Bankruptcy Court. Notification of withdrawal shall be made in writing to the client. Attorney shall have an automatic right to withdraw from this matter if a check delivered by the client to the attorney is returned for insufficient funds.

**8. RETENTION OF CLIENT(S) RECORDS:**

Attorney shall scan for retention any of the books, papers, and/or records related to the representation of the client and return all hard copies to the client, if requested.

Client acknowledges and agrees that client's file (with the exception of personal belongings and original documents such as deeds, wills, contracts, etc.) may be destroyed on or after six (6) years from the date client's file is closed. No notice, written or otherwise, shall be provided to client of file destruction following this six year period.

**9. READ CAREFULLY: Client understands that no paralegal, secretary, or other non-lawyer working at the offices of Gillespie and Murphy, P.A., has the authority (i) to give legal advice, (ii) to recommend that client should or should not file for the protection of bankruptcy, (iii) to recommend that client file under one bankruptcy chapter rather than another chapter, to the extent that such advice or recommendation would involve the exercise of independent legal judgement. Client acknowledges that no one employed by or affiliated with the law offices of Gillespie and Murphy, P.A., other than an attorney, has given such advice or made any such recommendation to the client.**

**10. Caution:** Client understands that if client is behind in payments on a car, mobile home, furniture loan, lease or other secured debt, the bankruptcy laws do not stop a creditor from repossessing or otherwise taking such property until such time as the client's case gets filed with the Bankruptcy Court. Similarly, client understands that foreclosure on a home or a piece of land cannot be stopped until the clients case gets filed with the Bankruptcy Court.

**11. Returned Checks:** Client will be charged (i) a processing fee of \$25.00 for any check in which payment has been refused by the payor bank because of insufficient funds or because the drawer did not have an account at that bank and (ii) any service charges imposed on the attorney by a bank or depository for processing the dishonored check, pursuant to the provisions of N.C.G.S. section 6-21.3 and 25-3-506.

**12. Payments:** All payments must be made in cash, certified check, cashiers check, or money order unless approved by the attorney handling the case. Any payments made by personal check will delay the filing of the related bankruptcy petition for ten (10) business days to allow checks to clear the bank.

**Client acknowledges that client has read and understands all the terms of this client authorization for legal services/fee contract. Client also acknowledges having received a copy of this document which consists of 11 pages.**

/s/ Alisa D Copeland  
Signature of Client

8/31/2016  
Date

Alisa D Copeland  
PRINT NAME

RULE 4002-1  
DEBTOR DUTIES

- (a) The following shall apply to individual debtors in all cases.
- (1) **FINANCIAL INFORMATION.** Every individual debtor shall bring to the meeting of creditors under §341 and make available to the trustee evidence of current income, including copies of all payment advices or other evidence of payment, if any, with all but the last four digits of the debtor's social security number redacted, received by the debtor from an employer within 60 days before the filing of the petition.
  - (2) **TAX RETURN.** At the meeting of creditors under §341, the debtor shall provide to the trustee a copy of the debtor's Federal income tax return for the most recent tax year ending immediately before the commencement of the case and for which a return was filed, including any attachments, or a transcript of the tax return, or provide a written statement that the documentation does not exist.
  - (3) The debtor's obligation to provide tax returns under Federal Bankruptcy Rules 4002(b)(3) and 4002 (b)(4), and Local Bankruptcy Rule 4002-1(a)(2) and (b)(2) is subject to procedures for safeguarding the confidentiality of tax information established by the Director of the Administrative Office of the United States Courts, except that with respect to tax returns provided by the debtor under Local Bankruptcy Rule 4002-1(a)(2) and (b)(2), the trustee and bankruptcy administrator are not subject to the procedures for requesting the obtaining access to tax information established by the Director of the Administrative Office of the United States Courts.
- (g) **CHAPTER 13 - DEBTOR DUTIES.** The following shall apply in chapter 13 cases.
- (1) **SCHEDULES AND STATEMENTS REQUIRED.** A debtor in a case under chapter 13 shall comply with the requirements of Local Bankruptcy Rule 1007-1.
  - (2) **PAYMENTS UNDER PLAN.** The debtor shall begin making the payments called for in the proposed plan on the first day of the first month following the month in which the chapter 13 case is filed. The payments shall be made as directed by the standing chapter 13 trustee.
  - (3) **DIRECT PAYMENTS TO CREDITORS.** If secured claims are to be paid outside the plan, the debtor shall continue to make the regular scheduled payments to the secured creditor prior to confirmation.
  - (4) **DISPOSITION OF PROPERTY.** The debtor shall not dispose of any non-exempt property having a fair market value of more than \$5,000 by sale or otherwise without prior approval of the trustee and an order of the court.
  - (5) **OBTAINING CREDIT.** The debtor shall not purchase additional property or incur additional debt of \$7,500 or more without prior approval from the court. The debtor must give notice of the application to purchase additional property or to incur additional debt to the chapter 13 trustee, who must respond within fourteen days of receipt of the notice. If no objection is filed, the court may approve the application without a hearing.
  - (6) **ADEQUATE PROTECTION.** When a case is dismissed prior to confirmation, the court may require the debtor to provide adequate protection to one or more secured creditors by directing that the chapter 13 trustee make adequate protection payments from funds received under paragraph (f)(2) (Payments Under Plan) of this rule.
  - (7) **INSURANCE COVERAGE.**
    - (A) The debtor shall keep the property of the debtor and the bankruptcy estate insured in a manner and to the extent as may be deemed necessary, with loss payable clauses, in the case of pledged or mortgages property, in favor of the appropriate secured creditors as their interest may appear.
    - (B) The debtor shall ensure that any vehicle, if it is property of the debtor or property of the estate and is required by a security agreement, lease or other similar agreement to be covered by collision insurance, is not driven, unless the vehicle is so covered.

**United States Bankruptcy Court  
Eastern District of North Carolina**

In re **Alisa D Copeland**

Debtor(s)

Case No.

Chapter

**13**

**VERIFICATION OF CREDITOR MATRIX**

The above-named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date: **September 1, 2016**

**/s/ Alisa D Copeland**

**Alisa D Copeland**

Signature of Debtor

Date: **September 1, 2016**

**/s/ Robert J. Anderson**

Signature of Attorney

**Robert J. Anderson 37992**

**Gillespie & Murphy PA**

**P.O. Drawer 888**

**New Bern, NC 28563**

**(252) 636-2225 Fax: (252) 636-0625**

ISDNAFA11  
Attention: Managing Agent  
PO Box 1022  
Wixom, MI 48393-1022

DbA Paragon Revenue Gr  
Attn: Managing Agent  
PO Box 126  
Concord, NC 28026

Frost-Anett Company  
Attn: Managing Agent  
PO Box 198988  
Nashville, TN 37219-8988

AFNI  
Attention: Bankruptcy  
1310 Martin Luther King Dr.  
Bloomington, IL 61701

ECEP II PA  
Attention: Managing Agent  
PO Box 2249  
Pawleys Island, SC 29585

Furniture Fair  
Attn: Managing Agent  
507 Bell Fork Rd.  
Jacksonville, NC 28546

Bertha Martin  
121 King Arthur Drive  
Wilmington, NC 28412

ECEPII PA  
Attention: Managing Agent  
PO BOX 2249  
Pawleys Island, SC 29585

Grace Care LLC  
Attention: Managing Agent  
PO Box 338  
Saint Leonard, MD 20685

Cape Fear Community College  
Attention: Finance Department  
319 N. Front Street  
Wilmington, NC 28401

Enhanced Recovery Corp  
Attention: Client Services  
8014 Bayberry Rd  
Jacksonville, FL 32256

Health Science Found  
Attn: Managing Agent  
P O Box 890554  
Charlotte, NC 28289-0554

CCM Enterprises  
Attention: Managing Agent  
Po Box 781317  
Wichita, KS 67278

Fed Loan Serv  
Attn: Managing Agent  
PO Box 60610  
Harrisburg, PA 17106

Jon Barry & Associates  
Attention: Managing Agent  
Po Box 127  
Concord, NC 28026

Coastal Federal Credit Union  
Attention: Managing Agent  
Po Box 58429  
Raleigh, NC 27658

Financial Data Systems  
Attn: Managing Officer/Agent  
1638 Military Cutoff Rd  
Wilmington, NC 28403

Kirschbaum, Nanney, Keenan & Grif  
Attention: Managing Agent  
PO Box 19806  
Raleigh, NC 27619

Coastal Finance Co  
Attn Managing Agent  
3602 Market Street  
Wilmington, NC 28403

Financial Data Systems  
Attn: Managing Agent  
P O Box 688  
Wrightsville Beach, NC 28480

Kross/Lieberman & Ston  
Attention: Managing Agent  
1110 Navaho Dr Ste 501  
Raleigh, NC 27609

Credbursrv  
Attention: Managing Agent  
Po Box 451  
Durham, NC 27702

Financial Data Systems  
Attn: Managing Agent  
1638 Military Cutoff Rd.  
Wilmington, NC 28403

Nc Dept of Revenue  
Attn: Managing Agent  
P O Box 1168  
Raleigh, NC 27602

Credit Collections Srv.  
Attention: Managing Agent  
Po Box 9134  
Needham, MA 02494

Financial Data Systems  
Attention: Managing Agent  
1638 Military Cutoff Road  
Wilmington, NC 28403

New Hanover Reg Med Center  
Attn Managing Agent  
P O Box 9000  
Wilmington, NC 28402

Paragon Revenue Group  
Attention: Managing Agent  
216 LePhilip Ct  
Concord, NC 28025-2954

TRS Recovery Services, Inc.  
Attn: Managing Agent  
5251 Westheimer  
Houston, TX 77056

Wells Fargo Financial  
Attn: Officer  
MAC E2578-02B  
P O Box 3599  
Rancho Cucamonga, CA 91729

Pender Memorial Hospital  
Attn: Managing Agent  
507 Fremont St.  
Burgaw, NC 28425

TRS Recovery Services, Inc.  
Attn: Processing Center  
Denver, CO 80217

Williams & Fudge Inc  
Attention: Managing Agent  
300 Chatham Ave Ste 201  
Rock Hill, SC 29730

Pender Memorial Hospital  
Attention: Managing Agent  
PO Box 1857  
Southgate, MI 48195-0857

TRS Recovery Services, Inc.  
Attn: Managing Agent  
PO Box 4857  
Houston, TX 77210-4857

Wilmington Health  
Attention: Managing Agent  
1202 Medical Center Drive  
Wilmington, NC 28401-7904

Progressive Insurance  
Attn: Managing Agent  
PO Box 31260  
Tampa, FL 33631

Us Dept Of Education  
Attn: Borrowers Service Dept  
Po Box 5609  
Greenville, TX 75403

Wilmington Health  
Attention: Managing Agent  
PO Box 600002  
Raleigh, NC 27675

Recovery One  
Attention: Managing Agent  
5100 Parkcenter Ave  
Dublin, OH 43017

USDA Rural Development  
Attention: Managing Agent  
P.O. Box 790170  
St Louis, MO 63179

Revenue Cycle Solutions  
Attn: Managing Agent  
2507 Delaney Ave  
Wilmington, NC 28403

Valentine & Kebartas Inc.  
Attn: Managing Agent  
P O Box 325  
Lawrence, MA 01842

Revenue Recovery Corp  
Attention: Managing Agent  
612 S Gay St  
Knoxville, TN 37902

Verizon  
Attn: Managing Agent  
P O Box 105378  
Atlanta, GA 30348

Southeastern Anesthesiology  
Attention: Managing Agent  
PO Box 535440  
Atlanta, GA 30353

Verizon  
Attn: Managing Agent  
P O Box 660108  
Dallas, TX 75266-0108

TRS Recovery Services, Inc.  
Attn: Managing Agent  
P O Box 60022  
City Of Industry, CA 91716-0022

Wells Fargo Dealer Services  
Attention: Managing Agent  
MAC E2578-02B  
PO Box 3569  
Rancho Cucamonga, CA 91729